



Post Traumatic Stress and Sleeping



It is well known that sleep difficulties is one of the most common symptoms for those with Post Traumatic Stress

Most of us have experienced trouble sleeping at one time or another. This is normal and usually temporary, due to stress or other outside factors. But if sleep problems are a regular occurrence and interfere with your daily life, you may be suffering from a sleep disorder. Sleep disorders cause more than just sleepiness. The lack of quality sleep can have a negative impact on your energy, emotional wellbeing, and health. If you're experiencing sleeping problems, learn

about the symptoms of common sleep disorders, what you can do to help yourself, and when to see a doctor. For those with Post Traumatic Stress; falling asleep is difficult, waking frequently, and having distressing dreams or nightmares are common:

Hearing the slightest sound and waking up to check for safety:

Many people with PTS, wake up frequently during the night. This can be for various reasons. Once awake, a 'perimeter check' or a check of the area is often made. For example, a war veteran may get up, check the sleeping area, check the locks on windows and doors, and even go outside and walk around to check for danger. A police officer may get up, check the bedroom, children and also check the locks on windows and doors. They may even go outside and walk around to check for danger. Following this they then will experience difficulty getting back to sleep for the remainder of the night.

Distressing Dreams or Nightmares:

Nightmares are typical for people with PTS. Usually, the nightmares tend to be about the traumatic event or some aspect of it. For example, a fire-fighter with PTS can

have nightmares, where they not only relive the traumatic event, but also believe they can smell the associated stench that quite often is associated. Some may wake and check their home isn't burning.

Night Terrors: These are events such as screaming or shaking while asleep. The person may appear awake to an observer, but he or she is not responsive. Sweating and thrashing around in bed is common and this can be particularly frightening for the partner of someone experiencing such night terrors. A war veteran can kick out or grab their partner, feeling they are back in a combat zone. A sexual assault victim can scream and yell out as they dream of the event reoccurring. (Talk to your therapist about a grounding technique)

Thrashing Movements:

Because of overall hyper-arousal; active movements of the arms or legs during bad dreams or nightmares may cause awakening. For example, if one were having a dream about fleeing an aggressor, one might wake up because of the physical movements of trying to run away.

Anxiety (Panic) Attacks:

Attacks of anxiety or outright panic may interrupt sleep. Symptoms of such attacks may include:

- *Feeling your heart beating very fast*
- *Feeling that your heart is 'skipping a beat'.*
- *Feeling lightheaded or dizzy*
- *Having difficulty breathing (e.g. tight chest, pressure on chest)*
- *Sweating*
- *Feeling really hot or cold*
- *Feeling fearful*
- *Feeling disoriented or confused*
- *Fearing that you may die (as a result of these symptoms)*
- *Thinking and feeling that you may be 'going crazy'*
- *Thinking and feeling that you may 'lose control'*

What are some sleep problems commonly associated with PTS

Basic biological changes; may occur as a result of trauma, making it difficult to fall asleep. In addition, a continued state of hyper-arousal or watchfulness is usually present. It is very hard for people to fall asleep if they think and feel that they need to stay awake and alert to protect themselves (and possibly others) from danger.

Medical problems; there are medical conditions commonly associated with PTS. They can make going to sleep difficult. Such problems can include; chronic pain, stomach and intestinal problems, diabetes, muscle aches and pains and bruxism (teeth grinding)

Racing thoughts; your thinking can also contribute to problems with sleep. For example, thinking about the traumatic event, thinking about general worries and problems, or just thinking, '*Here we go again, another night, another terrible night's sleep*', may make it difficult to fall asleep. Some may fear to go to sleep because their nightmares and night terrors are so vivid.

Tips to help you fall asleep

It's not usual to feel sleepy during the day, to have problems getting to sleep at night, or to wake up feeling exhausted. But even if you've struggled with sleep problems for so long that it seems normal, you can still learn to sleep better. You can start by tracking your symptoms and sleep patterns, and then making healthy changes to your daytime habits and bedtime routine. If self-help doesn't do the trick, you can turn to sleep specialists who are trained in sleep medicine. Together, you can work on your sleeping problem and find ways to improve your sleep and quality of life.

Tips

- Limit substances that contain caffeine
- Try a regular sleep/wake schedule
- Make your sleep area free from distractions such as darkening the room and turning the TV or radio off. (Some with PTSD find it better to have a little light noise to stop any sounds they may hear outside, do what works for you!)
- Consider a healthy snack, so you don't wake up hungry
- Avoid over-arousal: such as arguments, strenuous exercise, paying bills, heavy meals and action packed or violent movies a few hours before bed.

What to do if you're having trouble sleeping

Let your doctor know that you're having trouble sleeping and exactly what the problems are; he or she can help you best if you share this information about yourself.

Remember it is not your fault that you have these symptoms.

Let your doctor know about any physical problems that you think are contributing to your sleep problems. For example, chronic pain associated with traumatic injuries can make it difficult to sleep.

Let your doctor know about any other difficulties you may have, these may also be contributing to your sleep problems. For example, depression or

generalised anxiety or panic attacks can make it hard to fall asleep or to stay asleep.

There are a number of medications that are helpful for sleep problems. Depending on your sleep symptoms and other factors, your doctor may prescribe some medication for you. Your doctor may also recommend that you work with a therapist skilled in dealing with traumatic difficulties. Psychologists, social workers, and psychiatrists fall into this category. They can help you take a closer look at, and possibly change, the variety of factors that prevent you from sleeping.

If you're not sleeping

Maintain a healthy diet & exercise (Meditation and Yoga are great)

- Chat to someone you trust
- Chat to family and friends so they understand why you may be tired and irritable
- Quit smoking if you can (This can be hard to do if you've experienced trauma, ask your GP for advice)
- Learn to relax
- Read a book or run a bath
- If you feel safe, take a walk
- If possible do not use alcohol and drugs. These substances disturb a variety of bodily processes. They impair a person's ability to get a good night's sleep. For example, alcohol may help a person fall asleep, but it interferes with one's ability to stay asleep.

Disclaimer:

This fact sheet is a guide and not a substitute for appropriate medical or psychological treatment. It serves only for informational and educational purposes. For those experiencing any difficulties, please seek the assistance of your GP, specialist or therapist.

¹Information partially sourced and adapted from the National Centre for PTSD – Posttraumatic Stress Disorder – American www.ptsd.va.gov