Treating Nightmares—Sleep Medicine and Posttraumatic Stress Disorder

Commentary on Seda et al. Comparative meta-analysis of prazosin and imagery rehearsal therapy for nightmare frequency, sleep quality, and posttraumatic stress. *J Clin Sleep Med* 2015;11:11–22.

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Posttraumatic stress disorder (PTSD) is arguably the most physiologically dangerous of the diagnoses addressed by the field of Sleep Medicine. Of major psychiatric and medical diagnoses, PTSD is associated with the highest risk for both successful and unsuccessful suicide attempts.¹ For some at risk populations (e.g., psychiatrically hospitalized adolescent offspring of war-associated PTSD veterans), the prevalence of suicide attempts exceeds sixty percent.² This risk of suicidal behavior exists independent of comorbid depression^{3,4} and is present even when the symptoms of PTSD are subthreshold in meeting criteria for the full diagnosis.⁵ The personal and social tolls for PTSD extend beyond suicide. Individuals with PTSD are far more likely to engage in substance abuse and risk taking behaviors including aggressive driving.^{6,7} The social sequelae of PTSD include job loss, divorce, homelessness, as well as increased risks for child and domestic abuse, sexual assault, violent crime, and re-incarceration.⁸

PTSD is treated with a wide variety of medication and psychological therapies. The most commonly utilized approaches, based on governmental and military recommendations for therapy, include various approaches to exposure therapy coupled with antidepressant and antianxiety medication.^{9–11} Exposure therapy, as utilized in Critical Incident Stress Debriefing (CISD), is the most commonly utilized behavioral therapy for PTSD.^{11,12} Since, when applied acutely, CISD can lead to increased symptoms for some patients, the American Psychiatric Association has called into question its routine use.¹³ While this approach to therapy for PTSD has been shown to diminish PTSD symptomatology, none of the current therapies for PTSD have been shown to reduce the occurrence of PTSD when utilized acutely after trauma, or to reduce the chance that PTSD will become a lifelong disorder.^{14,15} For many severely traumatized individuals, symptoms of PTSD persist into extreme old age.¹⁶

Nightmares are the most commonly reported symptom of PTSD.¹⁷ Among therapists utilizing exposure therapy to treat PTSD, some have the perspective that nightmares of the traumatic experience may be therapeutic—a useful part of the re-experience approach to therapy. Based on this perspective, some overviews of PTSD diagnosis and therapy deemphasize the role of recurrent nightmares both as a symptom and as a component of the diagnosis.¹⁸

The field of Sleep Medicine has suggested an alternative approach to treating PTSD: proposing that the recurrent nightmares of PTSD lead to insomnia and next-day waking distress that contributes to waking symptoms of PTSD.¹⁹ This approach fits with an overall perspective that treating insomnia in psychiatric disorders can have significant benefits. This apparently logical perspective, however, lacks the support of long-term prospective epidemiologic studies.²⁰

The Seda et al. paper in this issue,²¹ a comparative meta-analysis of medications and behavioral treatments available for treating nightmares, indicates that both of these approaches can be used to produce excellent results in reducing nightmare frequency, insomnia and next day distress. This meta-analysis is an excellent and needed next step for supporting a role for Sleep Medicine based nightmare therapies in the treatment of PTSD. While nightmare frequency is quite easy to measure, the objective of these therapies when used to treat patients with PTSD is not to just decrease nightmares and insomnia, but rather to decrease waking PTSD symptoms, morbidity, and mortality. These variables are far more difficult to measure. The first of these studies, reviewed favorably in Seda et al., indicate positive short-term effects for suppressing nightmares in patients with PTSD. Much more work is required if nightmare suppression is to become an accepted and main-line approach to treating this common, difficult, and dangerous diagnosis. Epidemiological studies are required that include long-term prospective follow-up and comparison to exposure-, antidepressant-, and antianxiety-treated PTSD populations.

The field of Sleep Medicine has developed behavioral and pharmacological approaches that can be clearly demonstrated to suppress nightmares. Relative to PTSD, we find ourselves in a similar position to that in the early days of OSA in which we had a treatment for a disorder (PAP) yet little evidence clinically justifying and supporting its use. Just as with OSA, there are huge numbers of individuals suffering from a physiologically dangerous diagnosis that has high personal and social cost as well as demonstrated adverse effects on morbidity and mortality. Currently utilized medication and psychological approaches have limited efficacy, so that for many of those affected, PTSD becomes a chronic, disabling, and lifelong disorder. It is important not just for the affected patients, but for the researchers, therapists, and clinicians in the field to invest

the considerable effort required to prove the short and long-term efficacy of nightmare suppression when utilized to treat patients with PTSD.

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