

# Study finds high risk of sleep apnea in young veterans with PTSD

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A new study of young U.S. veterans shows that the probability of having a high risk of obstructive sleep apnea (OSA) increased with increasing severity of post-traumatic stress disorder (PTSD) symptoms.

The study involved 195 Iraq and Afghanistan [veterans](#) who visited a VA outpatient PTSD clinic for evaluation. Results show that 69.2 percent of participants had a high risk for sleep apnea, and this risk increased with PTSD symptom severity. Every clinically significant increase in PTSD symptom severity was associated with a 40 percent increase in the probability of screening as high risk for sleep apnea.

"The implication is that veterans who come to PTSD treatment, even younger veterans, should be screened for [obstructive sleep apnea](#) so that they have the opportunity to be diagnosed and treated," said co-principal investigator Sonya Norman, PhD, researcher at the San Diego VA, director of the PTSD Consultation Program at the National Center for PTSD, and an associate professor of psychiatry at the University of California San Diego School of Medicine. "This is critical information because sleep apnea is a risk factor for a long list of health problems such as hypertension, cardiovascular disease and diabetes, and psychological problems including depression, worsening PTSD and anxiety."

The American Academy of Sleep Medicine reports that obstructive sleep apnea is a common sleep disease afflicting at least 25 million adults in the U.S. Sleep apnea warning signs include snoring and choking, gasping

or silent breathing pauses during sleep. The AASM and other partners in the National Healthy Sleep Awareness Project, which is funded by the Centers for Disease Control and Prevention, urge anyone with symptoms of sleep apnea to visit <http://www.stopsnoringpledge.org> to pledge to "Stop the Snore" by talking to a doctor.

The study idea was initiated by Tonya Masino, MD, who was the first to recognize that a surprising number of younger veterans who were coming to the clinic for PTSD treatment also were presenting with sleep apnea symptoms. Study results are published in the May 15 issue of the *Journal of Clinical Sleep Medicine*.

Ninety-three percent of study participants were men, and their mean age was 33 years. Sleep apnea risk was evaluated using the Berlin Questionnaire, and PTSD was assessed using the PTSD Checklist Stressor Specific Version (PCL-S) questionnaire. Analyses controlled for potential confounders such as older age, smoking status, and use of central nervous system depressants.

According to the authors, younger veterans with PTSD are rarely screened for sleep apnea and frequently remain undiagnosed. They noted that the mechanism underlying the relationship between sleep apnea and PTSD in military veterans is unclear. However, potential factors that may connect the two disorders include disturbed sleep in combat, prolonged sleep deprivation, sleep fragmentation and hyperarousal due to the physical and psychological stressors of combat, the chronic stress from PTSD, or the sleep disturbances caused by OSA. Longitudinal studies are needed to examine the temporal relationship between [sleep apnea](#) and PTSD.

The study was led by Norman and co-principal investigator Abigail Angkaw, PhD. The lead author of the study is Peter Colvonen, PhD.

According to the National Center for PTSD of the U.S. Department of Veterans Affairs, PTSD symptoms such as nightmares or flashbacks usually start soon after a traumatic event, but they may not appear until months or years later. Symptoms that last longer than four weeks, cause great distress or interfere with daily life may be a sign of PTSD. To get help for PTSD, veterans can call the Veterans Crisis Line at 1-800-273-8255 and press 1, text 838255, contact a local VA Medical Center, or use the online PTSD program locator on the VA website.

**More information:** "Obstructive Sleep Apnea and Posttraumatic Stress Disorder among OEF/OIF/OND Veterans,"

[www.aasmnet.org/JCSM/ViewAbstract.aspx?pid=30015](http://www.aasmnet.org/JCSM/ViewAbstract.aspx?pid=30015)

Provided by American Academy of Sleep Medicine

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