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NEURODYNAMIC PATTERNS OF SLEEP DISTURBANCES RELATED TO POSTTRAUMATIC STRESS DISORDER IN WAR VETERANS

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Sleep disturbances are important features of posttraumatic stress disorder (PTSD), however, data characterizing PTSD sleep phenomena are limited. Detailed clinical description of sleep function and its study with the use of modern instrumental methods is important for timely and differential diagnosis of mental disorders in PTSD patients.
21 war veterans fighting in “hot spots were observed during treatment in the specialized department of psychological rehabilitation, Samara Regional Clinical Hospital for War Veterans. After clinical interview the overnight polysomnography “Sagura-2000” (PSG) was performed.
Sleep disorders in PTSD patients are characterized by the complex of subjective, clinical and neurophysiological symptoms:
1. Superficial sleep (restless, lack of deep sleep);
2. Increased motor activity during sleep (number of activations of the paradoxical phase of sleep to those of deep sleep);
3. Nightmares;
4. Specific (defensive) movements during sleep;
5. Frequent nocturnal awakening (increased number and duration of awakenings);
6. The excess of REM sleep. PSG identified the most frequently related nightmares neurodynamic phenomena:
1. Deficiency of the deep sleep (stages 3 and 4 NREM);
2. Up to 70% of the time NREM takes stage 2 sleep;
3. The increase in motor and EEG activations;
4. The number of activations of the REM than those of NREM;
5. The increase in total REM sleep time;
6. Increasing episodes of REM sleep.
Further studies are required to clarify polysomnographic sleep changes, in particular, role of REM sleep dysregulation and treatment of sleep disorders in PTSD.
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