

Sleep Disorders in Women Veterans

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KEYWORDS

- Veterans • Women • Insomnia • Sleep-disordered breathing • Sleep apnea • Nightmares
- Posttraumatic stress disorder • Depression

KEY POINTS

- Sleep complaints are common among women veterans.
- Women veterans who are treated for sleep disorders are likely to benefit in terms of improved physical and psychological health.
- Insomnia disorder is common among women veterans, and evidence shows those with comorbid mental health conditions such as posttraumatic stress disorder have more severe insomnia.
- Sleep-disordered breathing is also common among women veterans, and studies on how to provide optimal treatment are lacking.
- Research is limited on insufficient sleep among women veterans; however, women veterans are at elevated risk for insufficient sleep due to medical, psychiatric, and psychosocial factors.

INTRODUCTION

The number of women veterans is increasing, necessitating a need to optimize health care delivery for this growing segment of the veteran population. It is estimated that by 2020, there will be 1.9 million women veterans in the United States, representing 10% of the total veteran population.¹ Sleep disturbances are common among women during military service. Among active duty military personnel, women are more likely to be diagnosed with insomnia²⁻⁴ and a significant number also experience sleep-disordered breathing (SDB). Foster and colleagues⁴ reported that women with sleep disorders were also more likely to suffer from depression, anxiety, and posttraumatic stress disorder (PTSD).

The National Veteran Sleep Disorder Study reported that sleep apnea and insomnia were the most common sleep disorders diagnosed among veterans seeking medical care through the Veterans Health Administration (VHA) between 2000 and 2010.⁵ There is evidence that the rate of diagnosis and treatment of insomnia is increasing specifically among women veterans.⁶ Both disorders exhibited more than a 7-fold relative increase in incidence over the 11-year study period, suggesting increased recognition of sleep problems in VHA for both men and women veterans. Across time points, insomnia was more common among women compared with men, and sleep apnea was more common among men compared with women, similar to sex differences in the general

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population. Women veterans constituted less than 7% of the included patients, which highlights an important limitation on research about sleep disorders among veterans; few studies have included a sufficiently large population of women veterans to make definitive claims about sleep in this unique patient group.

Despite increasing numbers, women veterans remain underrepresented in research exploring sleep disorders. The limited available literature does indicate that women veterans suffer from severe and chronic sleep disturbance, which is often comorbid with psychiatric conditions, and that delivery of evidence-based treatments will likely benefit women veterans with sleep disorders. This article reviews what is known about rates of sleep disorders in women veterans, focusing on insomnia, sleep apnea, restless legs syndrome and insufficient sleep syndrome, because these are likely the most common disorders faced by clinicians. Special considerations related to treatment of women are highlighted and recommendations for future research are discussed.

EVALUATION OF WOMEN VETERANS WITH SUSPECTED SLEEP DISORDERS

Evaluation of sleep complaints among women veterans should follow standard recommendations, starting with a review of presenting symptoms, history of sleep difficulties, and comorbid conditions and medications. Special attention should be given to whether sleep difficulties began before, during, or after military service or deployments because these can serve as triggers for long-standing sleep difficulties. In women veterans, sleep disorders are often comorbid with psychiatric disorders.⁴ Careful attention to the relative contribution of each can facilitate treatment prescription and inform overall recommendations. Based on the woman veteran's clinical history, clinicians should evaluate risk factors and symptoms of common sleep disorders, including insomnia, SDB and sleep apnea, restless legs syndrome (RLS), and insufficient sleep.

Evaluation of Insomnia Disorder

The diagnosis of insomnia requires establishment of a sleep-related complaint (difficulty initiating sleep, difficulty maintaining sleep, or waking up earlier than desired) that affects how the patient feels or functions during the day, occurs at least 3 times per week for at least 3 months, and cannot be fully accounted for by factors such as physical or mental health conditions or medications.^{7,8} Insomnia diagnosis does not require objective testing. Women veterans often experience

insomnia for years without seeking treatment.⁹ Physical examination and laboratory tests should be used to rule out possible contributory factors.

Evaluation of Sleep-Disordered Breathing

SDB should be considered if the patient reports snoring or witnessed apneas, daytime hypersomnolence despite an adequate sleep opportunity, or has comorbid conditions exacerbated by SDB, such as hypertension. Women may also present with less typical symptoms such as depressed mood and fatigue. Menopausal status, body mass index (BMI), neck circumference, and airway anatomy should all be considered in identifying risk factors for SDB among women.

Women with suspected SDB should undergo laboratory polysomnography, or if appropriate, home sleep apnea testing.¹⁰ One consideration among women veterans is that they may experience challenges in completing in-laboratory testing. For example, because of socioeconomic factors, women veterans may have difficulty arranging overnight childcare, and some may not feel comfortable sleeping in the sleep laboratory setting, particularly in the presence of male technicians, due to past sexual or interpersonal trauma.

Evaluation of Insufficient Sleep

Women veterans are at high risk for insufficient sleep (defined as <7 hour of sleep per night) because an estimated 35% of the general population does not obtain adequate sleep,¹¹ and insufficient sleep is typical during military service.^{12,13} Women veterans have multiple additional risk factors including being middle aged or older, being unable to work due to disabilities, or being unmarried, all of which are associated with insufficient sleep in general.^{11,14,15} A sleep history often identifies women with insufficient sleep; however, in some instances, wrist actigraphy may be useful in objectively determining habitual total sleep time.

INSOMNIA DISORDER IN WOMEN VETERANS

Prevalence of Insomnia

Military personnel are a young, healthy population at baseline who are then subjected to multiple stressors that can result in disturbed sleep and predispose them to insomnia. Potential stressors include deployments, family separation, shift work, and extended work hours.⁴ Insomnia is more prevalent among women compared with men in the general population.¹⁶ Foster and colleagues⁴ published a study that aimed to assess gender differences in sleep disorders in the US military. Insomnia was significantly more prevalent

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