

**Post-Traumatic Stress Disorder (PTSD) and Insomnia in United States Veterans who
served in Iraq and Afghanistan War**


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12/August/ 2020

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Post-Traumatic Stress Disorder (PTSD) and Insomnia in United State Veterans who served in Iraq and Afghanistan. Posttraumatic stress disorder has become a menace for the United States armed forces and the population as a whole. It's estimated 70% of the active-duty personnel and 8% of the population is in danger of acquiring PTSD.

The causes of PTSD vary from fatal accidents, physical or sexual abuse, domestic abuse in childhood, exposure to traumatic experiences, severe health conditions involving admission in Intensive care units, the pain of childbearing, especially loss of a baby, torture, war, and conflicts. For people who experience severe trauma, one out of three develops PTSD, and there is no explanation of why some people develop PTSD, and others do not (Steele et al., 2017). However, there are a few factors that make one susceptible to developing PTSD. A person who has had depression or anxiety in the past and lacks support from family and friends. There are genetic factors that may also contribute to PTSD.

The symptoms of PTSD vary from one person to another. However, some indicators are predictor of PTSD in patients. Considering the levels and different types of PTSD, the diagnosis should come with the utmost precision. PTSD does not develop due to age, and it affects a whole broad spectrum of both young and old. Because the older can tell their conditions and explain themselves, the child poses a more significant challenge. Many studies have revealed very shocking results, where many of the children below 12 years are contemplating suicide and other physical harm due to PTSD, which isn't diagnosed (Akinnusi & El Solh, 2017).

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These happen because most young people undergo traumatic conditions or abuse in silence.

In all medial related conditions, there are numerous challenges associated with diagnosis and treatment. This paper explains the correlation between PTSD and Insomnia in the United States veterans who served during the Iraq and Afghanistan war.

According to research, many veterans succumb to PTSD due to the traumatic experience in war (Hughes et al., 2018). There are also events in their lives as soldiers, which come to them as nightmares, hallucinations, or dreams. These events cause them to be emotionally and mentally unstable, triggering mental disorders. If not diagnosed early, the condition can lead to far worse cases ranging from madness to suicide.

This research paper looks forward to developing ways of diagnosis of PTSD early enough and treat it with a closer look at Insomnia, which is caused by different conditions. Insomnia is the inability to sleep and, on most occasions, the main symptom or a pre-occurring condition with PTSD. It is hard to distinguish between the two; in some cases, PTSD portrays itself as Insomnia. However, when diagnosing and treating Insomnia, the medical practitioners look through the other symptoms for traces of PTSD to be accurate during treatment (Wang et al., 2019).

War identifies as the most harmful event in a person's life, and many of the war veterans have PTSD and Insomnia. The Veterans Administration, with the help of other government agencies, has invested a significant amount of funds and other resources in assisting war veterans in their fight against this deadly disease, which affects the mental capacity of the individual, rendering

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them helpless. In light with this, the project will access all aspects pertaining the governments help to fight PTSD and Insomnia for the war veterans (El-Solh et al., 2017).

The question to be reflected on through this report are; how do war veterans acquire help to overcome their traumatic experiences from war? Are there specialized medical and physiological officers mandated to deal with war veterans after the war? What is the transition mode from combat to home for war veterans? If a veteran falls victim to PTSD after going home, does the government offer help to contain their conditions? What is the rate of PTSD among war veterans, and what are the ways that can reduce these trends in the future?

Methods

My search on the topic "Post Traumatic Stress Disorder and Insomnia in the veterans of the united states who served in Iraq and Afghanistan" in google scholar resulted in thousands of references on the topic. I selected 10 of the recommendations closely linked to the problem.

According to Akinnusi and El Solh (2017), PTSD is a condition that is a must to consider for every veteran. War leaves very traumatically and disturbing vivid experiences in the minds of soldiers. If they are not monitored through their transition from the war, there is a higher chance of soldiers developing PTSD. One of the mostly ignored support system is that of family. it is the most essential support throughout this period.

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Results

Many scholars have widely accessed the increased cases of mental illness in veterans who served during the Iraq and Afghanistan war. There is considerable percentage of veterans undergoing treatment for PTSD and Insomnia from this war. They all portray different levels of PTSD, and in most cases, are also diagnosed with Insomnia. It is difficult for the military healthcare community to handle these cases due to the dynamic nature PTSD expresses itself.

A thorough, in-depth literature analysis of PTSD and Insomnia in war veterans revealed significant trends between causes, types, symptoms, diagnosis, and possible treatments of PTSD and Insomnia for United States veterans who served in Iraq and Afghanistan (Hughes et al., 2018). Hannon (2019), through his research describes a therapy that potentially would be the solution to controlling and treating PTSD. The treatment required doctors or social workers to undergo the same military training exercise to understand the actual experiences of soldiers' lifestyle. The goal is for them to have firsthand experience at war preparation, scenarios and experience pseudo traumatic events before treating patients.

On most occasions, these roles fit a retired veteran who has gone through the whole cycle or a trained professional counselor and psychologist who is willing to take the bold step. The resultant effect of such a counselor is very beneficial.

According to Hughes et al. (2018), Insomnia is one of the most predominant health issues experienced among US Military Veterans. According to the theoretical model; U S military veterans are affected by sleep deprivation for longer periods during the war, causing them to be

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unable to sleep in normal conditions. The long hours of being awake causes them to think and recap their lives, which affects their mental health, which may lead to PTSD (Hughes et al., 2018). McLeay et al. (2017), through their study on physical comorbidities associated with posttraumatic stress disorder in Vietnam War veterans, is a cross-sectional case study.

■ The military medicine platform offered three articles concerned about military personnel in duty, and veterans fight against posttraumatic stress disorders. (Norman, 2018). Veterans are screened regarding traumatic brain injury, posttraumatic stress disorder, and medications. The results indicate PTSD is most difficult to treat, it is a psychological condition that grows with time (Hughes et al., 2018). At its advanced stages it can only be managed but not treated. However, patients portray different outcomes during treatment or control.

PTSD has no defined way of therapy; healthcare provider develops different treatment plan for each individuals. One of the main therapy used is group therapy, researchers found out veterans benefit tremendously from group treatment, sharing of their experiences help them heal, manage and overcome traumatic events within a shorter span (Norman, 2018).

Steele et al. (2017), in their military medicine article, addressed the use of mediation and relationship moderations between combat experiences and posttraumatic stress indicators for active for military personnel. The study mainly focused on active combat component of the entire military population. They wanted to identify how sleeping disorders affected the combat experience of service members and their chances of acquiring PTSD after the war. The larger the number of combat experiences increased the chances of showing PTSD symptoms. The lack of sleep and proper operational stress models in combating this situation caused more cases of

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PTSD. A recommendation is made for professionals to help veterans control their stress, which will reduce their chances of expressing PTSD symptoms. Journals of the nervous and mental disease presented an article by Vojvoda et al. (2017), on psychotropic medication prescriptions for veterans of Iraq and Afghanistan and Vietnam War soldiers who developed posttraumatic stress disorder (Vojvoda et al., 2017)

According to Wang et al. (2019), US soldiers suffer from a lack of sleep from the onset of deployment until return to war. Their lives are full of uncertainty, constant limbo, and on the edge of battle where it's a matter of life and death. The pre-deployment insomnia is linked to post-deployment posttraumatic stress disorder and suicidal ideation in the US Army soldiers (Wang et al., 2019).

A painful reality is the life of a soldier has the ultimate price of PTSD and Insomnia. There is a general acknowledgment of how the training and hardships experienced by military personnel are traumatic and out rightly hard to accommodate for a regular person. It is purposely structured to be challenging to enable soldiers to overcome any challenging environment they might be exposed to during the war. However, it leaves traces of Insomnia, which eventually leads to PTSD. Wang et al. (2019) identified counseling before and after para-military training is essential for treating Insomnia. These will prepare recruits' minds and, after practical experiences, access the changes that occurred through the training. The government will use fewer resources for preventive measures than for curative treatment of PTSD advanced from Insomnia (Wang et al., 2019).

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Causes of PTSD and Insomnia

The first key step in identifying causes of PTSD and Insomnia is understanding the major causes of PTSD in standard conditions; the typical reason for PTSD is traumatic experiences.

Unfortunately, Military veterans and active military members are always at risk of daily traumatic events, which can potentially result in being diagnosed with PTSD in their contemporary or later life. The military health services encourage Insomnia through training that deprives the military personnel's sleep (Hughes et al., 2018). The increased use of these strategies ensures veterans do not sleep while on the mission, but after retirement or off duty, the condition is irreversible. The increased lack of sleep gives the veterans more window for flashbacks and thinking, which lead to PTSD.

According to extensive research PTSD has been identified to be directly proportional to veterans' age. These were discovered to be caused by less activity and movement of veterans. The less the activities veterans are involved in, the more time there is to sit and ponder the experiences that may trigger traumatic flashbacks, which was not available during the active life as a soldier (Vojvoda et al., 2017).

Combat does not account for all PTSD; Other traumatic situations may cause PTSD symptoms, including sexual assault, sexual harassment, and other related issues. It is reported more than 23% of women in the military experience sexual abuse and assault during their time of service. Bullying and physical torture during training has also been identified to be a contributor to some rare instances of PTSD symptoms.

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According to Norman (2018), the military personnel who show symptoms of PTSD are mostly retired. The veterans are susceptible to PTSD because they have a lot of free time compared to the past days when they were active. Steele et al. (2017), in their military medicine article, addresses the use of mediation and relationship moderations between combat experiences and posttraumatic stress indicators for active military personnel. This showed that PTSD symptoms are rarely evident during active military service. Although cases showed signs, many of them hibernate due to duties and responsibilities, which take much of the time of active service members. PTSD is identified through military, scientific research to manifest itself over time. The symptoms may not identify as PTSD related at first, but with the help of trained personnel, detecting it before it displays is high. ▀

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Types of PTSD

Posttraumatic stress disorder expresses in different forms, mainly due to its variation in factors causing it. The main determinants are the nature, causes, and its stage of progress. The most commonly diagnosed form of PTSD includes normal stress response, acute stress disorder, uncomplicated PTSD, Complex PTSD, and comorbid PTSD.

Normal Stress Response

Everyday stress disorder is also known as the genesis of PTSD, it is related to the stress of ordinary life and other traumatic events that occur throughout life. However, if not diagnosed and treated early, it can evolve into full-blown disorders.

This stress disorder caused by events like accidents, illnesses, injuries, and sometimes surgeries. Tension and stress beyond the average level an individual can relate force the body to respond differently (Steele et al., 2017). A normal stress response can be managed efficiently and effectively with the help of family and friends through love, care and concern, group therapies, and peer or individual counseling sessions. A Typical stress disorder is a short term ailment; the individual can recover within two weeks at most one month.

War veterans experience these conditions while in training or during the first stages of their mission immediately after deployment. If there are adequate time and care for supporting group therapy and peer or individual therapy sessions, it would be possible to reduce the chances of future development of PTSD among veterans. However, the war zone does not allow such opportunities (Vojvoda et al., 2017). With proper adequate education and training on stress

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management completed before deployment, and most importantly, during and after deployment exercise, this will provide mechanisms for the group, and peer-based therapy among forwarding deployed service members.

Acute Stress Disorder

When common stress disorder is not adequately monitored and managed, it develops into acute stress disorder. Severe stress disorder is as a result of life-threatening situations. A natural disaster like floods, loss of a loved one, loss of a job with a family and other responsibilities, the risk of death and different potentially risky situations and stressful situations lead to the development of acute stress disorder (Hughes et al., 2018). Severe stress disorder, if not managed and treated, will eventually lead to PTSD. However, its treatment and management are similar to a standard stress disorder, although it takes a longer time for a patient to heal and recover from a healthy life (Steele et al., 2017). Individual or group therapy, administration of medication and intensive care, and treatment by a psychiatrist.

War veterans, due to the level of exposure to substantial factors of stress and life-threatening situations, including potential loss of friends and death, physical and emotional injuries, and more painful subjects, causes a spike in healthy fear to trigger acute stress disorder. According to studies, there has been no adequate planning and time for therapy, coupled with the unavailability of specific medication leading active duty personals at the mercy of this deadly trauma. The lack of prior training on stress and traumatic events management in war veterans is the main problem that leads to the high numbers of PTSD among veterans.

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Uncomplicated PTSD

This form of PTSD is characterized by a single link to one particular traumatic event and significantly affects the person's ability to manage it. Researchers have found many cases of this type of PTSD among troops. In the military-medical journal articles, several emphases have made expressing this form of PTSD. Most of them are related to the Service member friends or partners shot, injured, blown to pieces, or killed on the spot. Especially when they think they were the cause of death (Hughes et al., 2018). The loss and reality of also suffering the same fate cause a severe amount of uncertainty in their minds and an immense stress aggravator. The significant symptoms of uncomplicated stress disorder include withdrawal from the world, flashbacks of scenes, irritability, change in moods and relationships, avoidance of places, people and areas that remind of the traumatic experience, and nightmares. The best way to treat it is through a combination of group and individual therapy alongside medications (Vojvoda et al., 2017).

Complex PTSD

This is the most delicate form of PTSD, as many instances of trauma characterize it. It is the opposite of uncomplicated, which is the main form of PTSD that affects veterans. There are many traumatic situations that war veterans go through. They are psychologically tortured after the war to the point of having difficulties managing their own lives, and they become aggressive and easily irritable with everything and people.

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War veterans fall under this category by the end of their service contract or after every deployment mission. The conditions differ among service members, as their resilience capacity is different (Akinnusi & El Solh, 2017).

Comorbid PTSD

This form of PTSD evolved from complex to worse. It is due to service members having more than one mental health condition. Substance and drug abuse effects are the leading causes of this type of PTSD, combined with traumatic and stressful situations. Psychiatric conditions are already unstable for any person who operates under the influence of drugs. When complex PTSD hits such a mind, the resultant effect is comorbid PTSD. A condition defined as a co-occurring disorder because it is linked and without being treated together ends up recurring.

This condition is also common among war veterans. They use alcohol and other substances to reduce stress and other conditions like pain when hurt/shot. These advances into a complicated form of mental health that can only be handled by a specialist. The treatments of the two or more mental ailments carry alongside, otherwise if one is successful and the other is not (Akinnusi & El Solh, 2017). The other condition will cause the already treated condition to recur. 

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Symptoms

The most common symptoms of PTSD are agitation when a person remembers the things that happened in the war, especially those of people being brutally killed or a friend dying in their arms or shot and died instantly. The second symptom is the feeling of being emotionally cut off from people. These are so because the experience of being military personnel is hard, and on most occasions, unbearable (Steele et al., 2017). These make the veterans feel lonely and burdensome as ordinary people cannot understand the extent of their inner wounds.

The third symptom is having vivid memories, nightmares, and flashbacks that make it seem like it is recurring again. The memories are so bright that they end up developing Insomnia if the patient did not experience it previously. These symptom dominants the minds of the veterans to the level of them seeing everything within their environment, continually reminding them of the war. The fourth symptom is an extreme physical reaction of increased heartbeat, sweating, and nausea due to the remainder of the war (Wang et al., 2019).

The fifth symptom is difficulties in remembering the essential aspects of the war. These are due to the disruption of the mind's orderliness resulting from a logical mind disrupting memories of those traumatic experiences (Akinnusi & El Solh, 2017). This fifth symptom is accompanied by avoidance of social interactions, activities, or places that always remember the war events.

The sixth symptom is the inability of a person to live a healthy life; they lose interest in life and daily activities. These conditions seem understandable to others, causing them to withdraw from relationships with other people and lead a reserved, quiet life (Hughes et al., 2018). There is a

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change in reaction for the veteran because they are used to reacting to flight, and in the most occasion, they respond by fighting back, which make them overly aggressive and wild.

Finally, the symptoms of PTSD are highly related to Insomnia; most of the war veterans associated their lack of sleep to too much thinking and flashbacks. The lack of proper and adequate sleep over time made their mind fatigued, stressed out, and eventually lapsed. These thinking does not add value to the patient. Instead, they create an unease environment as they appear as vivid memories, but in the patient's mind, the event is happening again. They can be referred to as hallucinations or nightmares because they haunt the conscious of the veteran and do not allow them to live healthy lives (Vojvoda et al., 2017). The damage caused by these flashbacks to a war survivor is immense, and taking captive of those thoughts through treatments and therapies will help. However, treatment for Insomnia would help the PTSD victims reduce the cases of attacks when they get adequate sleep.

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Diagnosis

PTSD symptoms for Veterans are discussed above. For the diagnosis of these symptoms, every veteran ought to seek help from professional medical officers. Military journals and articles on PTSD have identified over 60% of veterans or will experience PTSD symptoms at some point in their lives. The service members are advised to schedule PTSD evaluation as part of retiring or separating procedure. This will allow the officers to be compensated for PTSD as they retire or separate to cater for treatment and mediation. Otherwise, the officer will have to seek private medical help at their own cost (Steele et al., 2017).

Diagnosis of PTSD is the assessment of whether a veteran is experiencing PTSD symptoms through the evaluation of a military doctor or civilian professional. The veterans diagnosed with this condition have their treatments and other specifications recorder for use during retirement or separation from the military. This documentation used when filing a Veterans Affairs (VA) disability compensation claim for PTSD. Professionals help from military or civilian doctors will help diagnose PTSD symptoms early before they are evident, allowing proper management and prevention of development of PSTD (Wang et al. 2019).

Insomnia may be a tough challenge because the life of a soldier revolves around being assertive and alert at all times. However, ways can be recommended to ease the burden on Insomnia by developing shifts (Hannon, 2019).

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Treatments

According to studies and research conducted there are six main methods of treatment; therapy, cognitive processing therapy, prolonged exposure therapy, eye movement desensitization and reprocessing, stress inoculation training, and medication (McLeay et al. 2017).

PTSD therapy aims to restore the patient's self-esteem, teach the patient how to handle the disorder, and improve their symptoms. Treatment allows the patient to open up and accept they are facing challenges with their life (Hannon, 2019). They later can cope with the fears taught how to deal with them by taking the fact that the event has already. Most therapies employ cognitive behavior therapy, where group and family therapy sessions are more encouraged.

Cognitive process therapy (CPT) is a 12 weeks structured course for treating PTSD, with a weekly session between 60 to 90 minutes. It involves talking about the traumatic war situation and the thought that comes with it and how they affect the life of the victim. The details jotted down, and solutions of how the veteran will be able to live with the war traumas.

Prolonged exposure therapy (PE) entails confronting the things that remind the veterans of traumatic situations. The use of breathing techniques for easing anxiety is taught at the beginning of the sessions when thinking about the events (Akinnusi & El Solh, 2017).

The war veteran indulged in flashback mode where they recall and reconnect with their traumatic situations. These will allow them to reconnect with the past and not avoid them while learning how to live.

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In Eye movement desensitization and reprocessing (EMDR) therapy, the patient does not have to tell the therapist their experiences. Instead, the patient follows the therapist's changes of either hands or flashlight as they think about their traumatic situations. This treatment design enables the patient to remember their traumatic situation while thinking about positive things. It usually takes three months with weekly sessions. Stress inoculation training focuses on how to change the traumatic stress by dealing with it (Steele et al., 2017).it focuses on breathing techniques, other skills like a massage that enables the release of negative energy. Medication is administered concerning the extent and condition of the patient.

Different individuals will receive different treatments for similar conditions. It is upon the specialist and therapist to decide which medication will work alongside other treatments. For effective treatment, war veterans undertake more than one form of therapy (Hannon, 2019). This is mainly due to the specific traumatic experiences of each veteran. It is also different because of how dynamic the symptoms of PTSD are, what might be expressing today might not be the cause of the future PTSD symptoms.

Veterans require more specialized care during their treatment, and their therapy session involves other veterans to equal the score of experience and challenges they experience (Wang et al. 2019). The veterans can easily understand each other's skills, which will enable them to heal the wounds that were not yet expressed by PTSD. 

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Conclusion

The effects of war on United States war veterans has been a clear and elaborate cause of PTSD and Insomnia. Although many scholars relate Insomnia to symptoms of PTSD, PTSD is predominately more mental based compared to Insomnia. However, many pieces of research under the PTSD and Insomnia suggest that Insomnia is a symptom of PTSD. They define Insomnia as a predictor symptom for PTSD, especially for war veterans.

Therefore, if a veteran starts or has been experiencing Insomnia, there is a very high likelihood of the veteran having PTSD. However, PTSD has been defined as a health hazard and may cause very dire consequences if not diagnosed and treated early (Steele et al., 2017). It serves as sign progress and relief to know the disease can be overcome through a series of counseling sessions, group therapies, reading books, and medication, among other many ways described by research.

PTSD is known to possess undoubtedly impact in lives of war veterans in the United States, precisely 24% and 30%. There is an indicator that 7 out of 10 soldiers develop have the condition, and in the future, another two veterans will have PTSD. About 50% of the veterans will have PTSD and Insomnia as a posttraumatic disorder (McLeay et al., 2017). The government is known for neglecting service members affected in the line of duty by not taking care of them adequately before and after the war. Many scholars are proposing that the ill-preparedness of service members causes PTSD and Insomnia among war veterans. The government ought to take the initiative to train and prepare its recruits through both theoretical and partial aspects (Hannon, 2019). 'Recruits must be educated enough to understand the health conditions they might pick up in the course of duty.

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The proper grooming of service members with ammunitions and skills to fight through strenuous training isn't enough. The service members are human. They have a right to understand the health, hazards associated with their work. They also need emotional, social, and psychological attention for them to release that fear and trauma. Veterans should be encouraged to talk about events and situations that were harmful to them. The difficulties they face are internally stored; it is hard to express them and explain why they feel or do what they do (Wang et al., 2019).

However, by the use of group therapy, the soldiers share their experiences. Through sharing, others can open up, the chances of PTSD developing is lowered, the veterans can heal from those internal wounds, and eventually lead a healthy life free of PTSD and Insomnia.

The final remark expresses the value of all the veterans' work in the best interest of the country. They sacrificed their lives to protect our country and their loved ones. There is no more excellent sacrifice than to lay down your life for other people. The value of the veterans' service to the United States cannot repay in any monetary aspect. However, the government can develop adequate infrastructure encompassed under laws, policies, and regulations to take care of the health of these men and women free (Steele et al., 2017). The proper care of these veterans will ensure they get medical attention, form accountability groups, and adopt new lifestyles that work as therapy for both PTSD and Insomnia like reading (McLeay et al., 2017). 

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