



# NeuRA

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POST-TRAUMATIC STRESS DISORDER LIBRARY



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## POST-TRAUMATIC STRESS DISORDER Factsheet

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### What is hyperarousal?

Hyperarousal is a core symptom of PTSD, with at least two avoidance symptoms being required for a diagnosis. Hyperarousal symptoms include irritability or aggression, risky or destructive behavior, hypervigilance, heightened startle reaction, difficulty concentrating, and difficulty sleeping.

### What is the evidence for hyperarousal in PTSD?

Moderate to low quality evidence finds five clusters of hyperarousal symptoms; irritability/anger, difficulty concentrating, hypervigilance, startle, and sleep difficulty. Items relating to irritability/anger include; *I lost my cool and exploded over minor everyday things, I lost my temper, little things made me angry, I felt irritable, I had angry outbursts, and I felt that if someone pushed me too far, I would become angry.* Items relating to difficulty concentrating include; *I had difficulty paying attention, I was unusually forgetful, I had difficulty concentrating, I had trouble concentrating, I had trouble keeping my mind on what I was doing, and I had more trouble than usual remembering things.* Items relating to hypervigilance include; *I watched out for danger since the trauma, I was overly alert (for example, checking to see who was around me), I was very aware of my surroundings and nervous about what's going on around me, and I felt on guard.* Items relating to startle include; *unexpected noises made me jump, I was jumpy or easily startled by ordinary noises or movements, I was watchful or on guard, I got startled when there was a sudden noise or movement, unexpected noises startled me more than usual, I was jumpy or startled at something unexpected, and I felt jumpy or easily startled.* Items relating to sleep difficulty include; *my sleep was restless, I had trouble falling asleep, I had sleep problems, and I had trouble staying asleep.*

Moderate to high quality evidence finds small effects of less sleep efficiency, less total sleep time, less slow wave sleep, and more wake time after sleep onset in people with PTSD. Authors report that after adjusting for possible publication bias, the effect sizes for total sleep time, slow wave sleep, and more wake time after sleep onset did not reach statistical significance.

Moderate to low quality evidence finds a medium-sized effect that people with PTSD and sleep disturbances were significantly more likely to report suicidal behaviours.

For more information see the technical table



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*NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.*

*Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.*

*Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.*

*While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.*

### HOW YOUR SUPPORT HELPS

We are able to make significant advances due to the generosity of countless people. Your donation allows us to continue to work towards transforming lives. For information on how you can support our research, phone **1300 888 019** or make a secure donation at [neura.edu.au/donate](http://neura.edu.au/donate)

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