Medical Patients with PTSD Identify Issues with Hospitalization

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BACKGROUND

PTSD is common, with a US prevalence of 6.8%.¹ Among veterans returning from Operation Iraqi Freedom or Operation Enduring Freedom, the number approaches 14%.² Hospitalization can be traumatizing for even those who do not have PTSD, and yet little information about the patient experience exists to guide care. At present, the literature about the experience of hospitalized medical patients with PTSD is limited to case reports.³ We sought to understand patients' ideas about how hospitalization impacted their PTSD symptoms and what patients thought could be done to prevent exacerbations of symptoms in the hospital.

METHODS

Medical patients with a diagnosis of PTSD, admitted to a large Midwestern VA hospital between June and August of 2016, were surveyed about their sleep routines, possible triggers for PTSD symptoms in the hospital, and ideas for preventing problems. In addition, a subgroup of patients participated in semi-structured interviews to uncover additional thoughts about the process and to suggest approaches for future hospitalizations of patients with PTSD. The interviews were transcribed verbatim, and one author coded the transcripts. This project was deemed quality improvement and thus did not require IRB approval.

RESULTS

Among 34 patients, we found that 41% anticipated triggers for their PTSD symptoms while hospitalized. The two main ones were (1) noises such as alarms, yelling, or other loud noises; and (2) being woken up in certain ways (e.g., being touched or shaken). Other triggers included large crowds, lights, the dark, sudden disruptions, and someone coming up behind them. Another finding was that 48% of patients had formal sleep routines at home, usually involving going to sleep at a certain time, watching television or listening to music, praying or meditating before bed, and having a snack.

Through surveys and interviews, patients gave suggestions for making hospitalization less stressful. Sometimes, the suggestions conflicted. For example, some patients always wanted their door left open while others always wanted it closed. When asked about how we could make hospitalizations better for patients with PTSD, one interviewee explained: "...that is a question I couldn't answer because everybody that's got it [PTSD], everybody's all so different because of their personality and their relation to what they did over there." Other suggestions included having music available, individualizing medication schedules, knocking before entering, minimizing crowds, keeping lights on (for some) and off (for others), and ideas for how to wake them up (by saying his/her name or gently touching his/her foot). In an interview, one veteran suggested more staff awareness could help too: "So I think if the nurses or whatever were more aware of it... They might deal with you differently." Another said that talking to the nurse about his PTSD helped: "That can calm me down a little bit if I get a little upset."

DISCUSSION

In this pilot project, we identified common occurrences that could affect the hospital experience of patients with PTSD, that many had formal sleep routines and that suggestions for reducing stress varied and sometimes conflicted, suggesting the need for an individualized approach. We propose that when patients with PTSD are admitted to the hospital, they are asked about individual preferences and home sleep

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routines. Patient preferences should be communicated within and implemented by the interprofessional care team. For example, adjusting the number of team members in the room, leaving lights on or off, doors open or closed, and taking care with waking up these patients according to their preferences.

Sleep is a known problem for many hospitalized patients.^{4,5} Many hospitals now have sleep order sets that allow for skipping nighttime vital checks for patients who are deemed low risk. In our study, nearly half the patients reported some sort of bedtime routine at home, an important part of PTSD management.⁶ Established sleep routines should be preserved and encouraged in the hospital.

The limitations of this study include the small sample size and single site setting. Despite these limitations, the information provided by our participants suggest that we may be able to make hospitalizations less stressful for patients with PTSD. Patients without PTSD may also benefit from similar patient-centered approaches. Further work is needed to explore the hospitalization experience of patients with PTSD and to delineate the potential impact of implementing strategies to mitigate their stress.

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Compliance with Ethical Standards:

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