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## Nightmare frequency in sexual assault survivors with PTSD

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#### Abstract

Sexual assault survivors with post-traumatic stress disorder (PTSD) were assessed for frequency of nightmares, measured retrospectively on the Nightmare Frequency Questionnaire (NFQ) and prospectively on nightmare dream logs (NLOG). Retrospective frequency was extremely high, averaging occurrences every other night and an estimated number of nightmares greater than five per week. Test–retest reliability data on the NFQ yielded weighted kappa coefficients of .85 (95% CI, .74–.95) for nights and .90 (95% CI, .83–.97) for nightmares. Correlations between retrospective and prospective nightmare frequencies ranged between .53 (P = .001) for nights and .63 (P = .001) for nightmares. Correlations between frequency and distress measures (anxiety, depression, post-traumatic stress) yielded coefficients ranging from (r = .28-.53). Compared with intrusive, cumbersome and time-consuming prospective measurements, the NFQ appears reliable, convenient, and equally useful in assessing nightmare frequency in a group of sexual assault survivors. Nightmare frequency, prevalence, distress and impairment are discussed. © 2002 Elsevier Science Inc. All rights reserved.

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#### 1. Introduction

Disturbing dreams and nightmares are prevalent in the general population (Bixler, Kales, Soldatos, Kales, & Healey, 1979; Bliwise, 1996; Klink & Quan, 1987) and occur in 60% of those diagnosed with post-traumatic stress disorder (PTSD) (Kilpatrick et al., 1998). With general population studies demonstrating lifetime prevalence rates for PTSD of at least 8 to 9% (Breslau, Davis, Andreski, & Peterson, 1991; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), disturbing dreams are more prevalent in PTSD than in any other mental health disturbance (Ross, Ball, Sullivan, & Caroff, 1989; van der Kolk, Blitz, Burr, Sherry, & Hartmann, 1984). Several randomized controlled investigations have also demonstrated that chronic nightmares are a directly treatable condition (Burgess, Gill, & Marks, 1998; Cellucci & Lawrence, 1978a; Kellner, Neidhardt, Krakow, & Pathak, 1992; Krakow, Kellner, Pathak, & Lambert, 1995a; Miller & DiPilato, 1983; Neidhardt, Krakow, Kellner, & Pathak, 1992) and that nightmares in PTSD patients can be targeted with focused treatments as well (Krakow et al., 2000).

Notwithstanding these developments in the field of nightmare research, nightmare frequency—presumably an essential variable for assessing a nightmare disorder—has received minimal attention and no standardization (Berquier & Ashton, 1992; Halliday, 1987; Hersen, 1971, 1972). Neither the DSM-IV (American Psychiatric Association, 1994) nor the International Classification of Sleep Disorders (American Sleep Disorders Association, 1991) mention frequency as a specific diagnostic criterion, although the ICSD (1991) describes three classes of nightmare sufferers according to frequency: mild, less than once per week; moderate, more than once per week, but less than nightly; and severe, nightly. According to ICSD (1991), these three classes denote an increasing degree of psychosocial impairment. The ICSD states that "frequent nightmares (one or more a week) occur in perhaps 1% of the adult population." This opinion seems reasonable because nightmare sufferers rarely show up at clinics complaining of the disorder or seeking help primarily for bad dreams (Hartmann, 1984; Schreuder, van Egmond, Kleijn, & Visser, 1998); yet, such a view is not supported by prevalence data on chronic nightmares (Bixler et al., 1979; Bliwise, 1996; Klink & Quan, 1987; Wood & Bootzin, 1990).

Wood and Bootzin (1990) demonstrated that 19.5% of college students in an undergraduate psychology class reported a current problem with nightmares. They used a prospective assessment which yielded nearly twice the prevalence of another introductory psychology class (11%, Belicki & Belicki, 1982); almost three times the rate found in general population studies (6.9%, Bliwise, 1996; 8.1%, Klink & Quan, 1987); and, 20 times the rate listed in the ICSD (1%, ASDA, 1991). The position in the *DSM-IV*, (APA, 1994) is that "actual prevalence of Nightmare Disorder is unknown." We suspect that the two general population studies with random sampling data collection methods, (Bliwise, 1996; Klink & Quan, 1987) demarcate the lower limit of prevalence for chronic, problematic nightmares.

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