VCHA Veterans Rehabilitation Network

Clinical Update | Sleep after combat injury | October 2026

Rest Assured? What combat injury does to sleep

Personnel seriously injured in Afghanistan were 18% more likely than uninjured peers to report moderate-to-severe sleep problems, and the risk depended on the type of injury.

The study. ADVANCE follows 1,145 UK servicemen who deployed to Afghanistan between 2002 and 2014. Half sustained serious physical combat injuries; the other half are a matched comparison group who deployed but were not injured. Participants attend six study visits over 20 years.

This analysis, published in Sleep Medicine in 2026, looked at several aspects of sleep together rather than a single score. It found two broad patterns: people with no or minor sleep problems, and people with moderate-to-severe problems.

Key findings: Risk compared with uninjured personnel

Injury group	Moderate–severe sleep problems	Short sleep (under 6 hours)	Long sleep (over 8 hours)
Injured, without limb loss	24% higher	29% higher	Similar
Injured, with limb loss	Similar	Similar	185% higher

Evidence at a glance

A strong, well-matched study that shows an association, not cause, in men who served in one conflict.

Strengths

- A large cohort with a closely matched comparison group, so differences can be linked to injury rather than to deployment itself.
- Treats sleep as several dimensions, not one number, which is closer to what patients actually describe.

Limitations

- Men only: too few women were seriously injured in Afghanistan to include them.
- A snapshot at one point in time, so it can't yet show how sleep changes over the years or what causes the differences.
- An Afghanistan-era cohort aged 18–50 when recruited, so findings may not carry over to older veterans or other conflicts.

What this means for your practice

Ask every veteran about sleep, and don't assume the most visible injury means the worst sleep.

- Screen routinely. A few quick questions on hours slept, quality, night waking and daytime impact take a minute.
- Look beyond the visible injury. Veterans with lasting injuries that didn't involve amputation had the highest risk of poor and short sleep. Their needs can be easier to miss.
- Explore long sleep too. Regularly sleeping over 8 hours is also linked to long-term health risks and can sit alongside fatigue or low mood.
- Know when to refer. Persistent insomnia: speak to the GP about CBT for insomnia, the recommended first-line treatment. Nightmares or trauma-related sleep problems: Op COURAGE. Loud snoring, witnessed pauses in breathing or heavy daytime sleepiness: GP, to rule out sleep apnoea.

Tool Box & Resources

OpCOURAGE
Mental Health Support

OpRestore
The Veterans Physical Health and Wellbeing Service

OpNova
Delivered by the Forces Employment Charity and commissioned by NHS England, provides support for veterans who are in contact with the justice system, enabling them to access the services they need.

VCHA Rehab
Resource pack for clinicians and veterans

Key Fact

Veterans with combat injuries that didn't involve amputation were 24% more likely to have moderate-to-severe sleep problems. Those with limb loss were no more likely than uninjured peers

Change 1 thing this quarter

Pick one of these three actions and complete it in your service by 31 Dec 2026.

Option 1: Add a veteran identifier to your new patient assessment form
If it isn't on the form, it won't be asked consistently, and it won't be recorded.

- Ask your forms or clinical systems lead to add the question to your initial assessment template, paper and electronic.
- Record the answer using your organisation's agreed clinical code for Armed Forces status, so it follows the patient across services.
- Add space to note anything relevant from service, such as injuries sustained while serving.

Option 2: Start asking the question

Use this wording: "Have you, or an immediate family member, ever served in the UK Armed Forces?"
Many people who served don't think of themselves as veterans, including reservists, people who served only briefly and many women. Anyone who has served a single day counts, and this wording also picks up families.

- Ask it at every new assessment.
- If the answer is yes, record it, ask whether any current problem relates to their service, and signpost
- Put up the VCHA "Ask Campaign" patient identification poster in your clinic or waiting area.

Option 3: Sign up for the national Armed Forces healthcare training programme
Delivered by VCHA regional trainers and open to all NHS trust staff, it starts with a 5-minute video.

- Watch Module 1, the 5-minute introduction to the Armed Forces community.
- Book Module 3, a 30-minute practical session for frontline staff, at armedforceshealthtraining.nhs.uk.
- Want a session for your whole team? Email rnoh.vcha.ntep@nhs.net.

Tell us which one you chose and how it went at rnoh.rehab.vcha@nhs.net. We'll share your stories in the next edition.

Stay connected

- Nominate a Veteran Aware Therapies Champion. If your organisation is accredited but has no therapies champion yet, nominate one. It's a good development opportunity for anyone interested in quality improvement. Contact Linus at rnoh.rehab.vcha@nhs.net.
- Pass this newsletter on. Colleagues can sign up for the quarterly newsletter.