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Introduction

This section is devoted to reporting on a select group of articles clinically relevant to sleep medicine that have been published in journals not widely read by the international community of sleep clinicians. We use the following selection criteria: first, clinical significance, second, scientific quality, third, general clinical interest and fourth, educational value. Some preference will be given to the articles from journals less known to the sleep field. It is hoped that this will develop a better global coverage of journals. We recognize that any selection of a handful of articles will be somewhat arbitrary. It is, however, hoped that the articles selected will be of interest to you, the reader, so that when you get your copy of this journal you will turn with interest to these pages as one snapshot of the wider world of sleep medicine.

The first of the three review and commentaries in this issue covers a theoretically and clinically important report of the relation between diabetes and sleep disordered breathing. It is a no-brainer that both conditions are associated with obesity and age, but whether or not the two are related independent of common risk factors remains controversial, with several inconsistent studies. The article reviewed here advances this consideration by noting not only the clinical significance of looking for diabetes among patients with disordered breathing in sleep patients but also the possible causal relation between diabetes and central sleep apnea. The commentary below serves to place these concepts in the larger context of the developing discussion about diabetes and sleep disordered breathing.

The second article reviewed involves a German study reporting that RLS occurs more commonly when patients are taking tricyclic and serotonin re-uptake inhibitors for

analgesic benefits. As noted by the reviewer, the study fails to control for several factors including the possibility that the pain itself contributes to the occurrence of RLS. Despite obvious clinical significance and several clinical reports linking these medications with the development or exacerbation of RLS the data supporting an association between these medications and RLS remain meager.

The last article reviewed addresses the effects of sleep loss on development and neurocognitive functioning of children. In the last 20 years there has been only a handful of experimental articles addressing this important issue of developmental consequences of sleep loss and most have dealt with acute sleep loss rather than chronic sleep restriction. This article, despite the problems noted below, provides a good paradigm of a home-based study technique for sleep restriction over several days that may encourage further study. The results, although somewhat uncertain, might be seen as suggesting that in terms of cognitive functioning even young children could benefit from slightly more sleep than they usually get. Is the strong push in our society toward reduced sleep time adversely affecting our children?

We offer these reviews and commentaries hoping you will find them informative and interesting.

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