
Journal Search and Commentary

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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.

In this issue the reviews address two important clinical concepts advanced in the recent literature which both significantly impact recommendations to our patients regarding jet lag and starting CPAP treatment. In both cases a casual reading of the titles of the articles could misinform. The first review below examines the recent report that the frequent experience of jet lag produces temporal lobe atrophy and related cognitive deficits. Although this study understandably received considerable attention in the public and professional press, its significant limitations raise doubt about the bold conclusions suggested by its title. The review presents a more balanced view of these results and their possible future significance for our patients. At this point, the evidence from this study does not support recommending restriction on the frequency of transmeridian jet travel. The second review below covers two recent articles with somewhat differing conclusions about when to initiate active therapy for sleep apnea. These focus on differing symptoms, sleepiness versus blood pressure (BP). In the first study, patients without sleepiness were reported not to respond to treatment even though they had BP profiles similar to those patients responding with BP decreases in the second study. As noted in this review the differences in design of these studies obscures comparison demonstrating the need to develop standard methods for addressing the issue of when to initiate active treatment for the sleep apnea syndrome. Again the rather bold claim in the title of one of these articles misleads. The data overall do not support denying CPAP to patients who do not have excessive daytime sleepiness. They do, however, signal a need to further explore this and other patient characteristics to help us decide when to initiate treatment.

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