
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 first two articles reviewed present two different neurological conditions that probably should have a sleep medicine consultation with a polysomnogram as part of their routine evaluation. The first paper reviewed investigates the need for a clinical polysomnogram to diagnosis REM behavior disorder (RBD). As noted in the review, the results not only demonstrate that this is an under diagnosed disorder, but it is also one in which the polysomnogram provides an essential component for the diagnosis. This appears to be particularly true, for reasons explored in the review, for patients with Parkinson's Disease (PD) and less so for other patients with RBD. Given the benefits from treatment of RBD, the high rate of occurrence of RBD with PD, and the frequent failure to diagnose RBD, a reasonable clinical strategy would be to include a full sleep medicine evaluation of all PD patients. The threshold for referring patients who report movements in sleep for sleep medicine evaluation may also be too high. There may be a need for more education of primary care physicians about this disorder. The second paper reviewed presents an interesting study on a relatively rare neuromuscular disorder of acid maltase deficiency (AMD). As the reviewer points out, this paper provides another example of the sleep disordered breathing (SDB) complications occurring with neuromuscular disorders (NMD). Comparing effects of these different NMD provides insight into the mechanisms causing the SDB. Patients with NMD, more specifically those with Myasthenia gravis, Myotonic dystrophy, Duchenne's muscular dystrophy and amyotrophic lateral sclerosis, as well as AMD commonly have SDB. Sleep medicine consultation should be considered for all of these patients. The last paper reviewed below provides further support for the view that the choice of morning or evening preferred sleep times strongly relates to genetic factors. The reviewer points out the relation between recent genetic studies and the findings from the family histories in this paper and makes the point that both the sleep phase advance and delay syndromes may be primarily genetic disorders. This is consistent with the clinical report that after these conditions have been successfully corrected using light or other therapy, maintenance treatment is often needed to prevent relapse.

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