



ELSEVIER

Sleep Medicine 4 (2003) 257

**SLEEP  
MEDICINE**

[www.elsevier.com/locate/sleep](http://www.elsevier.com/locate/sleep)

## Journal search and commentary

Richard P. Allen, Mark H. Sanders

This section is devoted to reporting on a select group of papers 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; secondly, scientific quality; thirdly, general clinical interest and finally, educational value. Some preference will be given to the papers 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 studies will be somewhat arbitrary. It is, however, hoped that the papers 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 that cardiac overdrive pacing (pacemaker set at 15 bpm higher than mean heart rate) reduced by 60% sleep disordered breathing events in patients with sinus node dysfunction. The review emphasizes the theoretical and clinical significance of these findings. The suggestion by the authors of the original study – that benefits on sleep apnea result from vagolytic effects of cardiac pacing – has to be balanced with alternate possibilities, including a probable increase in cardiac output reducing ventilatory loop gain, stabilizing respiratory pattern and thereby reducing the apneas. The reviewer notes the need for much further study and the potential of these studies to indicate sub-populations of patients who might benefit from this as a form of treatment for sleep disordered breathing.

The second paper reviewed deals with one of the first papers to document the occurrence of periodic leg movements in sleep (PLMS) with the REM behavior disorder. This paper also shows that the PLMS in this disorder, compared to those in the restless legs syndrome (RLS), have twice the cardiac acceleration but far less cortical arousal. The reviewer notes the importance and significance of using both cardiac and cortical changes for evaluating PLMS in these conditions. This opens new avenues for exploring mechanisms and mechanism alterations associated with the PLMS.

The final paper reviewed advances the possibility that oral magnesium therapy may have some benefit for improving sleep of the elderly. The possible clinical benefits, particularly for slow-wave sleep, are supported by the data in the double-blinded study reported in this paper, but as noted in the review the limited degree of improvement in the subjects reduces the chances that this will be a useful treatment for insomnia in the elderly.

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