

Editorial

Journal search and commentary: 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 brace of articles from the Stickgold and Hobson groups at Harvard addressing the important issue of the role of sleep in learning. They provide fairly convincing evidence that sleep, particularly slow wave sleep and stage 2 sleep in the early morning supports learning perceptual and motor skills, respectively. As noted by the reviewer, if these results can be seen as generalizing to the more complex tasks of every day living they then provide a scientific basis for advising our patients about planning sleep to enhance learning. Some possible specific useful recommendations for planning sleep to enhance skill learning are suggested in this commentary. It is also interesting to note that with age it may be harder to achieve the sleep states supporting learning. These concepts provide a potentially significant new role for the sleep medicine clinician, one with somewhat far reaching applications.

The second review and commentary covers a somewhat seminal article on the effects of sleep apnea on LH and testosterone. The article reviewed reports that, even after controlling for body-weight effects, sleep-apnea patients have reduced nocturnal LH and testosterone secretion. Since it has long been held that testosterone may increase

sleep-disordered breathing, any reduction may be seen as an adaptive mechanism reducing the severity or progression of the sleep-disordered breathing. The rather large reduction in LH, however, remains somewhat unexplained. The commentary notes a large range of interesting questions raised by both results, needing answers in future studies. There remains, for example, a need for considering the clinical implications of these results, regrettably not examined in this study. Nonetheless, the data further emphasize the importance of attending to possible clinical significance of neuroendocrine abnormalities in the review of systems for a sleep apnea patient.

The final review and commentary below discusses a second possible discovery of genetic factors affecting RLS. The article reviewed notes that the higher transcription activity allele for MAOA was more likely to occur for females with RLS and was associated with an RLS phenotype involving longer sleep latency and more leg activity during the suggested immobilization test. As noted in the commentary below, the results are particularly interesting given the possible relationship of RLS to ADHD and ADHD to MAOA. However, several problems with the study require further investigation and certainly a replication. In any event, the genetics of RLS continues to unfold and may yet help us understand the biological bases for the clinical features of this common and distressing disorder.

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

Richard P. Allen, Mark H. Sanders*

*Division of Pulmonary Allergy and Critical Care Medicine,
School of Medicine, University of Pittsburgh, Montefiore
University Hospital, 3459 Fifth Avenue, NW 628,
Pittsburgh, PA 15213, USA*

* Corresponding author. Tel.: +1-412-692-2880; fax: +1-412-692-2888.