



## 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 which 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 regard for this sixth issue the quartet of articles we have selected starts with two articles focusing on two current important metabolic and cardiovascular issues related to sleep disordered breathing. The first is a significant article adding to the unfolding story relating leptin and leptin sensitivity to obstructive sleep apnea. The second considers the relationship between obstructive sleep apnea and hypertension. Both of these articles argue that the differences observed are not accounted for by the obesity but relate directly to the apnea condition. But, as noted in the commentaries below, this is a difficult distinction. The third article reviewed presents the best data yet indicating that melatonin can successfully entrain a blind person to the 24-h circadian cycle. This article presents convincing data and a dose schedule that may be clinically useful. The translation to clinical practice is, however, somewhat complicated as noted in the review commentary. The last article reports a high concordance rate for the occurrence of Restless Leg Syndrome (RLS) among monozygotic twins. This provides perhaps the best data to date indicating that RLS is likely to have a genetic component, but even these data are somewhat limited and do not meet the accepted standard for population genetic studies designed to determine the degree of genetic contribution to a disorder.

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