

## 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 we start with a trio of articles related to neurological aspects of sleep medicine with the later two also related to sleep-disordered breathing. The first provides a retrospective clinical and laboratory analyses of the largest case series published to date of patients with REM behavior disorder (RBD). As noted in the review, this case series, when considered in the light of other recent articles, indicates that RBD usually results from a neurodegenerative process. A careful prospective study of RBD is needed to confirm the extent of this relationship. Our future evaluation of these patients may need to shift toward using multiple methods, including imaging studies, to better identify the underlying neuropathology. The second article reports on four cases where visual loss with papilledema is associated with sleep apnea and improves after treatment of the apnea. After critiquing the proposed mechanisms for sleep apnea causing these visual changes, the reviewer notes that the sleep medicine clinician should consider a fundoscopic examination as part of the evaluation of sleep apnea patients, at least for those with more severe sleep-disordered breathing, particularly if visual problems are noted. Conversely, clinical evaluation for possible sleep apnea syndrome should be considered for all patients with visual loss and papilledema. The last of the neurologically related articles reviewed provides further intriguing evidence that the sleep apnea condition is associated with EEG slowing, particularly in the frontal and temporal areas. This slowing resolves with successful treatment of the apneas. The reviewer points out that the EEG slowing provides a measure of the disease impact on the functioning of the CNS, begging for clinical significance not found in this article, but hopefully to be found in future research. Finally, the fourth article reviewed in this issue provides a somewhat technical, but significant study on putative cellular/molecular mechanisms relating sleep apneas to hypertension. This provides an intriguing glimpse into one aspect of the future of sleep medicine research.

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