

Preface

Sleep Medicine



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Guest Editors

It is now absolutely clear that sleep disorders pose a major public health problem in the United States. This includes not only the presence of very discrete sleep disorders, but also interactions between abnormal sleep patterns, concurrent medical disorders, and daytime function. For example, it has been estimated that as many as 15 million adult Americans may have obstructive sleep apnea, although at present only 15% to 20% of these cases have been diagnosed and treated. Because obstructive sleep apnea has recently become a recognized risk factor for hypertension, cardiovascular disease, and cognitive dysfunction, it seems certain that it has become an important contributor to other serious illnesses. Recent surveys have suggested that up to 50% of the adult population may suffer from at least intermittent insomnia, while 10% to 15% are troubled by chronic insomnia. The recently released 2005 Sleep in America poll revealed that only 49% of respondents reported obtaining a good night of sleep almost every night, while 26% said they experienced a good night of sleep only a few nights monthly. This same poll suggests that the average adult American is now sleeping an average of only 6.9 hours nightly, despite long-standing recommendations that we strive for 8 hours of sleep nightly. It therefore appears that the most common sleep disorders have become important societal problems, and all indicators suggest that these problems will become increasingly widespread.

The average adult American relies heavily upon the primary care physician for both initial medical evaluation and subsequent guidance. However, surveys have suggested that patients are reluctant to bring sleep issues to the attention of their physicians, while other evidence has suggested that primary

care physicians often fail to ask the questions necessary to identify sleep problems. Educational efforts directed toward the general American population and medical care providers have improved recognition of certain sleep disorders, as demonstrated by the National Ambulatory Medical Care Survey report of a 12-fold increase in the diagnosis of obstructive sleep apnea between 1990 and 1998. Despite this, the vast majority of obstructive sleep apnea patients remain undiagnosed or inadequately treated, while other problematic sleep disorders remain totally ignored.

This issue of the *Primary Care: Clinics in Office Practice* is therefore intended to provide useful information about a spectrum of common sleep disorders, with the purpose of educating the primary care physician to better recognize, understand, and manage these conditions. The contents are quite comprehensive, and given that there are many interactions between the various sleep disorders, there is also a certain amount of overlap between some articles, which appropriately emphasizes these interactions. All of the authors have dealt in detail with the important aspects of their specific topics, including the definitions and pathophysiology of each disorder, the epidemiology of the disorder, with specific emphases upon diagnosis and treatment options.

Drs. Ting and Malhotra provide an extensive general overview on the disorders of sleep, both addressing the normal structure and presumed function of sleep and focusing attention upon the specific disorders of sleep-disordered breathing and insomnia. Dr. Rosen has subsequently provided a useful model by which the clinician can view and evaluate sleep problems from a perspective of fundamental sleep process domains, also providing a sleep process matrix that can be used in the daily evaluation of patients. These articles are followed by detailed updates on sleep-disordered breathing, with Drs. Olson, Park, and Morgenthaler addressing obstructive sleep apnea, while Dr. Badr addresses the less widely known topic of central sleep apnea. Both of these articles provide important insights into the pathophysiology of these related but distinct disorders, with a heavy emphasis upon treatment options.

Dr. Neubauer subsequently addresses the diverse topic of insomnia, which as already noted has reached epidemic proportions in America. This article provides an instructive guide to both behavioral and pharmacologic therapies for insomnia. Subsequent articles address clearly relevant topics, including the increasingly important discussion of sleep deprivation by Drs. Malik and Kaplan, and Dr. Pagel's article addressing a spectrum of medications and their effects upon sleep and alertness. The latter article contains a number of medication tables that provide handy references for evaluating potential side effects from common medications.

Narcolepsy is a less common but widely recognized disorder that is thought to affect 0.05% of the American population. Exciting new insights into the potential pathophysiology of this disorder have been derived from the identification of the wake-promoting roles of the hypocretin/orexin neuro-

peptides. Drs. Dyken and Yamada have provided a current synopsis of these mechanisms in conjunction with detailed recommendations for therapy. Dr. Lee-Chiong has provided a detailed review of troublesome parasomnias and other sleep-related movement disorders, while Drs. Itin and Comella have thoroughly addressed restless leg syndrome, a surprisingly common condition that might regularly affect 15% of the American population.

Circadian rhythm sleep disorders are becoming a widespread problem in American society, with obvious relevance to the 20% of the American workforce who are shift workers, as well as the adolescent and young adult students who are required to attend school early in the morning, while being afforded access to entertainment from cable television and the internet throughout the night. Drs. Reid and Burgess provide an extensive discussion on the basics of circadian physiology, with quite specific treatment guidelines for patients with circadian disorders.

Drs. Ballard and Hoyt have provided articles addressing the interactions between sleep, disordered sleep and other medical disorders, and neurologic and psychiatric disorders, respectively. Finally, specific articles have focused upon the sleep disorders at the extremes of life. Drs. Capp, Pearl, and Lewin have provided a comprehensive review of pediatric sleep disorders, while Dr. Avidan's article is an overview with several case presentations of sleep problems in the elderly patient.

This issue therefore provides a comprehensive and up-to-date review of the sleep disorders encountered by the primary care physician during his/her daily office practice. The contents should help the physician to recognize and manage these common disorders, which will become increasingly problematic as our population ages, gains weight, and simultaneously experiences progressively increasing work-related demands and recreational opportunities.

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