nia, and on sleep disorders in Parkinson disease, Alzheimer disease, stroke, epilepsy, movement disorders, and neuromuscular disorders. This section contains 2 particularly helpful tables: one contains pharmacologic recommendations and dosing schedules for sleep disorders in various neurologic conditions and dementias; the other lists the clinical features in epileptic phenomena and potential overlap with normal sleep phenomena and nonepileptic sleep disorders.

A section on parasomnias includes chapters on parasomnias unique to rapid-eye-movement sleep versus non-rapid-eye-movement sleep, bruxism, nightmares, and disturbed dreaming in some medical conditions, and a chapter on violent parasomnias, which have become important in forensic and medicolegal situations.

The section on sleep-related breathing disorders is extensive and includes a surprisingly detailed overview of the major classes of pulmonary disease. I have used this section repeatedly as a resource for topics not necessarily related to sleep medicine. The chapter on central sleep apnea has an outstanding review of the physiology of respiratory control, which I have found to be a useful reference for issues that arise in the intensive care unit. Another chapter that contains material essential for intensive care management is on the anatomy and physiology of upper-airway obstruction, which is extensively illustrated. The chapter on the management of chronic respiratory failure with noninvasive ventilation is also comprehensive and useful. The chapters on the clinical evaluation of and the medical and surgical treatments for obstructive sleep apnea are updated, and a chapter on oral appliances for management of sleep-disordered breathing (which is now associated with a designated Practice Parameters publication) is also included.

The section on cardiovascular disorders and sleep has also been a frequently-used resource, as it contains the most recent information on sleep-related cardiac risk and cardiac arrhythmogenesis during sleep, and comprehensive information on coronary artery disease and systemic and pulmonary hypertension in obstructive sleep apnea. The chapter on heart failure contains useful tables of data compiled from prior studies, and includes information on the prevalence of sleep-related breathing disorders in patients with systolic heart failure, as well as survival data in patients with heart failure.

There are 8 chapters on other medical disorders, such as sleep and fatigue in patients with cancer, chronic fatigue syndrome, chronic pain, gastrointestinal disorders, and women’s issues such as sleep disturbances in pregnancy and menopause. The last clinical section of this text is an inclusive series of chapters on sleep and psychiatric disease. This section also includes a chapter on medication and substance abuse and their effects on sleep architecture, as well as their contribution to some underdiagnosed sleep conditions.

The last section in this book consists of a comprehensive series of reference chapters on methodology, including evaluation and monitoring techniques for different diagnostic requirements. There is also an excellent chapter on current information and recommendations on light therapy (also associated with a Practice Parameters publication). Although this chapter would have also been well placed in the section on chronobiology, it is an organized reference on the modes of light delivery and recommendations for light treatment of specific disorders. The last chapter in this series reviews the current knowledge in chronobiologic monitoring techniques, which are currently indirect and rudimentary. However, this field will probably continue to make rapid advances; the molecular basis of the circadian clock is now being clarified, and it is possible that direct measurement of gene transcription or translation products that are temporally related to the circadian pacemaker will be feasible in the near future. The sections on circadian biology that are now very current in this text, I predict, will have fascinating updates when the 5th edition is released.

As an extra bonus, this textbook has an associated Web site that can be accessed with a code provided with each book. There are several items of interest in this site, which is extensive and can be considered a standalone resource. The text chapters are available in a “printer-friendly” format, and have a “scrapbook” feature that allows the reader to take notes and enter these in the computer while reading the chapters. Additional features of the Web site include: a section of classic articles from the literature, dating back more than a century; an image library that can easily be downloaded for slide presentations (in ZIP or PowerPoint formats), with a “lightbox” feature; a comprehensive drug database; the complete list of Standards of Practice articles in sleep medicine from the American Society of Sleep Medicine and National Guideline Clearinghouse; and patient educational brochures for use in clinic. There are case studies with self-assessment questions and short-answer essays, which are invaluable for boards review. Links to the POCKETConsult Web site are available through the Principles and Practice of Sleep Medicine Web site, which allow updates in pharmacology and sleep medicine topics to be downloaded to a handheld computer. Clinical updates on various topics are posted, on the average, every week. Other features at the Web site include interviews with William Dement and Nathaniel Kleitman, and a link to Meir Kryger, one of the authors, who encourages readers to contact him with requests for topic updates and any other recommendations or comments.

In summary, this text is wide-ranging in its coverage of all sleep medicine issues, but it goes beyond this discipline, in that it provides a thorough overview and a detailed mechanistic description of the normal and abnormal physiology in many other conditions in internal medicine, pulmonary disease, critical care medicine, neurology, and psychiatry. The editors have done a commendable job with this series of complex topics and their organization in this comprehensive text.

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The author reports no conflicts of interest related to the content of this book review.


This volume is, in general, well written and informative. The editor accurately defines the difficulty in producing a textbook that satisfies both the specialist who wishes to know “more and more of less and less” to general practitioners who find themselves limited by knowing “less and less of more and more.” The editor concludes the preface with, “This textbook is not meant to be the culmination of our knowledge of the
science of sleep. Rather, consider it but a pause as we reflect on our place in the rapidly altering landscape of sleep medicine." I believe this work accomplishes this goal quite well, although I believe the generalist will derive more benefit from this handbook than will the sleep specialist.

The book is easy to read and the style from chapter to chapter is remarkably consistent, which is a very difficult feat, considering that 215 authors contributed to this book’s 1,058 pages (not counting the index). Many might think that over 1,000 pages makes this more than a “handbook,” which I guess is why the title calls it a “comprehensive handbook.”

I believe the generalist and the specialist will find this book invaluable because of the comprehensive scope of the subjects covered, although the book is clearly aimed more at the non-sleep health-care professional. Topics are covered quickly, accurately, evenly (for the most part), and the sections tell a good story. I believe the generalist will find that this book provides a very good summary of the important subjects in sleep medicine; I suspect that the sleep specialist will not find sufficient depth of coverage.

The book is divided into 17 parts, each of which covers several topics. The book is logically structured and easy to use. Part I covers the science of sleep medicine; I found this to be a very nice 83-page summary that is not detailed enough for the specialist but is extraordinarily well done for the generalist. Rather than presenting a detailed scientific treatise on the science of sleep, these chapters paint a picture of what is and isn’t known about sleep. Each chapter has a suggested reading list for those who wish more detail. These chapters will not sufficiently prepare one for the board examinations, but they do provide an accurate “gestalt” of the science of sleep.

I found the section on insomnia weaker than the other sections of the book. For example, Table 17.1 lists currently available benzodiazepines used in insomnia therapy. The table lists adult dosages, duration of action, primary metabolism, drug interactions, not recommended, and comments. Table 17.2 lists nonbenzodiazepines used to treat insomnia. It omits the category of “duration of action,” which is a very serious omission and, I suspect, an oversight. This chapter suggests that long-term benzodiazepine use is associated with important withdrawal symptoms and that in “cases of severe withdrawal, significant morbidity or death can ensue.” That statement needs to be referenced, especially in view of the double-blind placebo-controlled study of abrupt versus tapered benzodiazepine withdrawal, which suggested that withdrawal symptoms are very minimal.1 I thought the section on nonpharmacologic therapy of insomnia was a bit superficial.

On the other hand the section on sleep disordered breathing syndromes was very well written; it is the strongest section in the book and should be required reading for all health-care providers. And I particularly liked Part 16, “Sleep in Special Patient Groups.”

I found this text useful, well written, accurate, and likely to be very helpful to healthcare practitioners. It will not replace Principles and Practice of Sleep Medicine, which remains the authoritative text on sleep medicine, but this volume belongs next to it. I highly recommend Sleep: A Comprehensive Handbook to everyone in health care.

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REFERENCES

The author reports no conflicts of interest related to the content of this book review.


As the awareness of sleep disorders by the lay and professional public continues to increase, demand for services will probably fall largely on the shoulders of primary care providers. Though numerous texts exist that address the growth of knowledge in sleep medicine, relatively few are available to rapidly and concisely assist practitioners in the clinical setting. Clinician’s Guide to Sleep Disorders ably fills that void as a comprehensive yet succinct text geared to non-sleep physicians but of potential use also to sleep specialists, and ultimately applicable to all ancillary health-care providers.

At less than 400 pages, this portable book is organized in a symptom-based fashion. Although it requires no prior knowledge of sleep medicine, it serves to reinforce the International Classification of Sleep Disorders (ICSD) nosologic system with a graphic depiction that correlates to symptoms and official diagnostic terms at the beginning of each chapter. The discussions of disease pathophysiology are purposefully limited.

The book is multi-authored, and all chapters are of good or excellent quality. The first 2 sections discuss a general approach to the evaluation and diagnostic testing of patients with sleep complaints, which provides a foundation for the remainder of the book, which addresses assessment and management in specific practical clinical scenarios.

The diagnosis chapter takes up a good portion of the book and is overly detailed in places. For example, it devotes considerable space to the evolution of sleep monitoring, which I think might have been more appropriate in a different text. The focus strays in other instances as well, as when a section that adeptly describes the scoring of periodic limb movements veers into a discussion of the controversies surrounding their clinical importance (addressed later in an excellent chapter on restless legs syndrome). These are relatively minor quibbles, however, as the task of providing such a background is a daunting one within the confines of this compact publication, and the chapter valiantly succeeds in accomplishing some useful things, such as providing a convenient table that classifies the levels of sleep studies based on the sophistication of physiologic monitoring.

This chapter’s section on pediatric sleep-disordered breathing is an additional treasure of resource, because the topic is important, often culled from disparate sources, and frequently neglected in general sleep medicine texts. Lacking, however, is a suggested classification system for clinical use, based on the available data regarding carbon dioxide monitoring, oxyhemoglobin saturation, arousal indices, and apnea-hypopnea indices (such classification schemes are available in some other texts). The placement of this topic under the heading of