science of sleep. Rather, consider it but a
pause as we reflect on our place in the rap-
idly 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 hand-
book than will the sleep specialist.

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

The generalist and the specialist will find
this book invaluable because of the com-
prehensive scope of the subjects covered,
although the book is clearly aimed more at
the non-sleep health-care professional. Top-
ics 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 sum-
mary of the important subjects in sleep med-
icine; 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 1
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 gener-
alist. Rather than presenting a detailed sci-
entific treatise on the science of sleep, these
chapters paint a picture of what is and isn’t
known about sleep. Each chapter has a sug-
gested 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 ex-
ample, Table 17.1 lists currently available
benzodiazepines used in insomnia therapy.
The table lists adult dosages, duration of ac-
tion, primary metabolism, drug interac-
tions, not recommended, and comments. Ta-
ble 17.2 lists nonbenzodiazepines used to
treat insomnia. It omits the category of “du-
ration of action,” which is a very serious
omission and, I suspect, an oversight. This
chapter suggests that long-term benzodia-
epine use is associated with important with-
drawal symptoms and that in “cases of se-
vere withdrawal, significant morbidity or
death can ensue.” That statement needs to
be referenced, especially in view of the dou-
ble-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, ac-
curate, and likely to be very helpful to health-
care practitioners. It will not replace Prin-
ciples and Practice of Sleep Medicine, which
remains the authoritative text on sleep med-
icine, but this volume belongs next to it. I
highly recommend Sleep: A Comprehen-
sive Handbook to everyone in health care.

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Craig M, Sykora K. Withdrawal reaction
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Clinician’s Guide to Sleep Disorders.
Nathaniel F Watson MD and Bradley V
Vaughn MD, editors. Neurological Disease
and Therapy series, volume 77. New York:
Informa/Taylor & Francis. 2006. Hard
cover, illustrated, 393 pages, $199.95.

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 rap-
idly and concisely assist practitioners in the
clinical setting. Clinician’s Guide to Sleep
Disorders ably fills that void as a com-pre-
hensive 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 Disor-
ders (ICSD) nosologic system with a graphic
description 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 chap-
ters 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 pro-
vides a foundation for the remainder of the
book, which addresses assessment and man-
agement in specific practical clinical sce-
narios.

The diagnosis chapter takes up a good
portion of the book and is overly detailed in
places. For example, it devotes consider-
able space to the evolution of sleep moni-
toring, which I think might have been more
appropriate in a different text. The focus
strays in other instances as well, when a
section that adately describes the scoring of
periodic limb movements veers into a dis-
cussion of the controversies surrounding
their clinical importance (addressed later in
an excellent chapter on restless legs syn-
drome). These are relatively minor quib-
bles, 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 accom-
plishing some useful things, such as provid-
ing a convenient table that classifies the le-
vels of sleep studies based on the sophisti-
cation of physiologic monitoring.

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

BOOKS, FILMS, TAPES, & SOFTWARE
diagnostic procedures is also questionable, as a reader searching for information on this subject in a later chapter dedicated solely to sleep-disordered breathing will find only cursory mention.

Moving on to the clinical chapters, the insomnia section is particularly helpful in its description of the Spielman model for the development of chronic symptoms, but there are noteworthy omissions. Pharmacotherapeutic options are given relatively short shrift and relegated to a table without detailed instructions. Though the excellent coverage of behavioral therapies is laudable, medication options are at least equally important, particularly in a busy primary care setting. Finally, rather curiously, the complaint of nonrestorative sleep is not included in the chapter’s initial description of insomnia, which, although controversial, is nonetheless consistent with the ICSD definition.

The portions of the book devoted to disorders of excessive sleepiness and circadian rhythms are particularly readable and well-written. Allen predictably contributes an excellent chapter regarding restless legs syndrome and periodic limb movements of sleep, but the omission of antidepressants in association with both conditions (however controversial) is conspicuous, as this clinical scenario is familiar to primary-care providers.

The chapter on parasomnias is also outstanding; it creates particular clarity in the section that differentiates nocturnal seizures, which can be confusing to non-epileptologists. More rigorous referencing would have been appreciated, however, as alternative therapies for rapid-eye-movement sleep behavior disorder are not cited, which forfeits an opportunity to help readers find more in-depth material.

The section on special topics in sleep addresses many major concerns in the clinical realm, including sleep disturbances in the elderly and demented. These 2 major topics are addressed in some detail, whereas other topics, such as nocturnal panic attacks, are addressed briefly, though these brief discussions serve as useful springboards to pursue other references.

The appendix is an excellent repository of various commonly used sleep assessment scales.

Editing errors occasionally detract from the overall high quality of this book. Immediately evident was the reversal of a mathematical symbol that describes the relationship between restless legs syndrome and iron status, which might confuse or mislead some readers. Similarly, the airflow tracings are obscured in a figure that depicts apneas and hypopneas, which is likely to confuse those not accustomed to viewing such events on polysomnograms.

Despite these drawbacks, this text is a valuable addition to the library of physicians, sleep technologists, nurses, and other allied health personnel in clinical sleep medicine. Consistent with the editors’ stated aims, the book is generally economical with words, replete with tables and figures, and more accessible than many of the sleep texts currently available.

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The growing demand for qualified and competent clinicians in the sleep laboratory has increased the necessity for educational resources that meet professional development requirements. The Handbook of Sleep Medicine answers this growing demand by providing a concise handbook that covers the diagnosis, evaluation, and management of the most common sleep disorders. With the contributions of 11 distinguished sleep medicine specialists, this pocket-sized handbook, consisting of 244 pages, discusses a wide range of neurologic, pulmonary, psychiatric, and pediatric sleep disorders.

The book has 7 chapters and 12 appendices. Chapter 1, “Populations at Risk for Sleep Disturbances,” provides an overview of those in the general population who are at risk for sleep disorders, as well as comorbid medical, neurologic, and psychiatric disorders associated with sleep. This chapter is particularly relevant because of the increasing importance placed on comorbid conditions associated with sleep disorders. Though this chapter does not explore the epidemiologic impact of these comorbidities in great detail, it does highlight the relevant and current clinical evidence regarding sleep disorders that both sleep specialists and non-sleep-specialists should be aware of when providing care.

Chapter 2, “Sleep-Disordered Breathing,” is particularly relevant to respiratory therapists and pulmonologists. Disorders covered here include primary snoring, upper airway resistance syndrome, obstructive sleep apnea-hypopnea syndrome, central sleep apnea, asthma, and chronic obstructive pulmonary disease. Subsections include clinical presentation, classification, epidemiology, diagnosis, history, physical examination, and differential diagnosis. This is the general layout for this and subsequent chapters, each of which takes a symptoms-based approach to managing sleep disorders. Appreciatively, the authors make frequent references to the Wisconsin Sleep Cohort Study, which is a contemporary data set considered by many in the sleep community to be a landmark study in sleep medicine. Notably absent from this chapter, however, is discussion about sleep-related hypoventilation disorders, such as obesity hypoventilation syndrome. The chapter also falls short in its explanation of the pros and cons of various modes of positive airway pressure therapy for the conditions mentioned in the chapter.

Chapter 3, “Insomnia,” provides a concise primer on the diagnosis and management of insomnia. Conveniently outlined in table format (similar to the Oakes publications, such as Oakes’ Clinical Practitioners Pocket Guide to Respiratory Care, familiar to many respiratory therapists) are the various insomnia drugs, their dose ranges, dose in the elderly, half-life, effects on sleep, and adverse effects. An enhancement to this table would have been to include the common trade names of each of the drugs (only the generic names are provided). Though the clinical approach described in this chapter is consistent with established national clinical practice parameters, it could have benefited from a more detailed description of cognitive behavioral therapy and its role in the management of insomnia.

Chapter 4, “Hypersomnia and Narcolepsy,” is current, clinically relevant, and follows the same readable format as the previous chapters. It provides a clear description of the clinical approach to the sleepy patient. In this chapter the table that lists the medications for sleepiness and cataplexy does provide both the generic and trade names.
Clinicians have limited time and multiple competing demands. With this in mind, we have organized Pediatric Sleep Problems: A Clinician’s Guide to Behavioral Interventions in three primary sections to facilitate learning opportunities about sleep and behavioral interventions, clinical basics, and detailed interventions for different presenting problems. Part I: the basics of pediatric behavioral sleep medicine. Many sleep disorders go underdiagnosed. Though common, sleep disorders can be treated effectively using non-drug therapies, specially designed devices, or medications. Because sleep disorders can have such-ranging impact on emotional and physical well-being, diagnosis and treatment are crucial to optimal health. References. Motamedi KK, McClary AC, Amedee RG., Obstructive Sleep Apnea: A Growing Problem, The Ochsner Journal, Fall 2009. 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 health-care 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. The author reports no conflicts of interest related to the content of this book review. Clinician’s Guide to Sleep Disorders. Nathaniel F Watson MD and Bradley V Vaughn MD, editors. Neurological Disease and Therapy series, volume 77. New York: Informa/Taylor & Francis.