

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."

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 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 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 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. I highly recommend **Sleep: A Comprehensive Handbook** to everyone in health care.

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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 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 treasured 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 schemas are available in some other texts). The placement of this topic under the heading of

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 peruse 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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Handbook of Sleep Medicine. Alon Y Avidan MD MPH and Phyllis C Zee MD PhD. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins. 2006. Soft cover, illustrated, 244 pages, \$44.95.

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 regard-

ing 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.