



Thomas C. Meyer, MD

## Zzzzz ... A primer for sleep medicine

Thomas C. Meyer, MD, Medical Editor, WMJ

The WMJ Editorial Board meets once a year. One of the main functions of the meeting is to select the themes for the next six to eight issues. We believe this task is one of the most important things we do and there is some vigorous debate as the selections are made.

Two years ago, one of our most valued members, Kesavan Kutty, MD, was not able to attend as he was writing the certification exam in sleep medicine. That got our attention, because we agreed that relatively few of us knew enough about the topic to be able to carry on an intelligent conversation about it—let alone subspecialty certification. As a result we asked Dr Kutty if he would be willing to approach some of his colleagues about providing WMJ readers with a “primer” dealing with sleep disorders. What about insomnia? Well we knew enough to agree that exploring insomnia would probably fill an issue on its own. So, for the moment, we are grateful to Dr Kutty and his colleagues for their work and pleased to present this overview.

Dr Kutty thoughtfully provides a primary glossary of terms following his editorial (p 16)—but there are a lot more buried in the texts of the articles! Drs Ruggles and Hausman (p 21) introduce the topic of excessive daytime sleepiness and the Epworth Sleepiness Scale with its ease of utility, although they point out that it has not been extensively validated. It surely gives a reasonable

starting point in the decision of whether to refer a patient for further evaluation.

In similar fashion, Dr Stevenson provides a helpful review of the diagnosis of sleep apnea (p 25) and when we should get concerned about a patient who may have the condition with one or more of its adverse outcomes. Very informative is Drs Meyer and Woodson’s exhaustive list of the surgical adjuncts to CPAP for patients afflicted with severe snoring and/or obstructive sleep apnea. While several of the approaches sound quite alarming, it is good to know about them. One was particularly intrigued by the Malamatti classification (p 28)—both the name and “why didn’t I think of classifying oro-pharyngeal examinations that way” are appealing.

Dr Leo’s lucid outline of the background, classification and diagnosis of parasomnias (p 32) and “other nocturnal activities,” together with some straightforward initial advice that may be given to patients who may have these distressing disorders is extremely helpful.

Dr McMahon and his associates (p 36) report the results of an exhaustive review of more than the English language literature relating to the influence of CPAP on the quality of life, general performance, neuropsychological assessment and sleepiness of patients with obstructive sleep apnea/hypopnea. There seems little doubt that CPAP has significantly beneficial effects in patients with the condition.

Dr Dexter (p 44) and his associates report a very simple but appealing study they carried out in two high schools in northwestern Wisconsin. They asked the teenagers to estimate the number of hours of sleep they get on weeknights and correlated that with their self-reported Epworth Sleepiness Scale (ESS) ratings. Wouldn’t you know, the kids at the school that started at 8:35 AM had lower ESS scores than those who started at 7:50 AM? Behavioral research purists may have colic over the methods, significance and some of the interpretations, but we salute the authors for doing and reporting it.

Also noteworthy in this issue is the Society’s plan for health system reform. The Society’s Board of Directors approved the plan in February, and hopes it will put Wisconsin on the road toward universal access, high quality care, and cost control.

This issue also marks the conclusion of the “Dilemmas in Geriatrics” series and the beginning of a new series: The Report of the Wisconsin Medical Society Task Force on Professionalism. In this issue and the next four, we will be printing serially an installment from the report. This task force spent a great deal of time assessing the state of our profession and developing its suggestions for improvement. We applaud the group’s efforts and hope you find their recommendations of interest.



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *WMJ* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *WMJ*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *WMJ* nor the Society take responsibility. The *WMJ* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

For reprints of this article contact the *WMJ* Managing Editor at 866.442.3800 or e-mail [wmj@wismed.org](mailto:wmj@wismed.org).

© 2003 Wisconsin Medical Society