Reply to the letter by Amit Agrawal et al in regard to traumatic brain injury and sleep disturbances.

By

Narayan P Verma MD FACP FAAN FAASM
Medical Director
B.G. Tricounty Neurology and Sleep Clinic PC
31150 Hoover suite B
Warren MI 48093. USA
5869833666 (Phone)
5869833776 (fax)
Narayangod@aol.com
Prevalence of sleep disorders in acute TBI is intuitively appreciated but in chronic TBI not well described until the seminal papers by Guilleminault et al in 1982 and again in 1999. Still the controversy remained and insurance companies in Michigan, the only state in USA where there are lifetime benefits when a disorder results from a motor vehicle accident, have routinely questioned the relationship of these 2 entities. In particular, the word obstructive sleep apnea bothers insurance adjusters and their independent medical evaluators. It implies to them that the problem is not post-traumatic but due to a pre-existing anatomical defect. Having practiced neurology in Michigan since 1984, on more than one occasion, my patients have been at the receiving end of this determination from insurers.

When Dr Vivek Anand, who visited us from India as an extern and my medical student daughter, Arunima Verma (now a full MD) offered to assist, we embarked on a unfunded retrospective study to study this issue, which is now published in the June issue of JCSM 2007. Little did I realize that a similar study has been done in a funded and prospective manner in Texas with tantalizingly similar conclusions and accepted for publication slightly after our paper but published in the same issue of JCSM 2007. Dr Stuart Quan, the editor, did an excellent job of putting these 2 papers and another one from Wasington, Seattle also dealing with chronic TBI and sleep disorders but slightly from a different angle, all together in the same issue of JCSM and also getting Drs Theodorou and Rice to write an editorial in this regard.

I am pleased to note an interest in the problem extending worldwide as this letter from Dr Agrawal et al shows. It has caught the attention of lay press as well.

Although an individual with sleep disorders is more likely to sustain TBI by virtue of being sleepy and perhaps inattentive and tired, these 3 studies have convincingly shown the reverse is true as well. In addition, even a mild TBI may be associated with significant sleep-related consequences. Also, TBI may be directly or indirectly cause pretty much all varieties of sleep disorders including, yes, the so-called obstructive sleep apnea. I do not want to get into details of all of this as they are well described in the 3 articles and the editorial in the June 2007 issue of the JCSM.

This problem is going to grow given the conflict in Iraq and elsewhere and increasing use of automobiles and industry in developing nations including India and China. It is already assuming epidemic proportions. Thus, a sleep specialist may play a valuable part in the management of the morbidities in a patient with chronic TBI.

References: