This is one of the final issues (Volume 24, Issue 2) of the Annual Review of Psychiatry, a very successful series of reviews. This issue presents sleep medicine topics as they relate to clinical psychiatry. After a brief introduction by Oldham and Riba, about the history of the Annual Review of Psychiatry, this book is broken down into seven chapters, which cover most of the sleep disorders that are likely to be encountered in sleep and psychiatric clinical practice. Daniel J. Buysse edited this issue, and his goals were to (1) present an overview of sleep medicine, (2) highlight the role of psychiatrists in treating sleep disorders relevant to their practice, and (3) emphasize a multispecialty approach in treating sleep problems.

Dr. Buysse, in the first chapter, gives an introduction to normal sleep. In this section, he presents multiple theories of the function of sleep and sleep-wake rhythms: ecological or environmental advantage, physical restoration, optimizing waking function, learning, and integration of experience and the impact of sleep on survival. He also defines circadian rhythms and the entrainment role of light. He then proceeds to describe sleep as a periodic rapidly reversible neurobehavioral state, which distinguishes sleep from pathologic states such as coma and unconsciousness. The chapter ends with an outline of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition and the International Classification of Sleep Disorders -2 nosologies of sleep disorders.

Insomnia is a difficult disorder to treat, so presenting a concise overview, including symptom presentation, pathophysiology and different avenues available to treat this problem, is a complicated task that the authors were able to complete nicely. The authors start by presenting the prevalence of insomnia in the general population and also its risk factors. Relevant to psychiatric practice is insomnia leading to development of depression, anxiety, and substance use disorders. The authors emphasize, that in patients with insomnia, a major depressive disorder is associated with worse treatment outcomes and suicidal ideation. They then proceed to discuss the physiologic and arousal-hyperarousal theories of insomnia, with references. Also stressed was the importance of other medical and neurologic diseases for being the underlying etiology of insomnia. Types of treatments were discussed, including behavioral, cognitive-behavioral therapy, and pharmacotherapy with benzodiazepine receptor agonists and, potentially, antidepressant medications. Pharmacology of different medications was reviewed, including their effects on sleep and psychiatric health-related problems.

Sleep apnea is a prevalent disorder with significant morbidity and mortality. This chapter is broken down into epidemiology, pathophysiology, consequences of sleep apnea on health, and treatment. However, the authors could have enhanced the knowledge and understanding of the readers by adding the control of breathing model in the pathophysiology of sleep apnea. Nevertheless, the section on sleep apnea and health consequences is very well written and includes evidence linking sleep apnea to cardiovascular complications. The authors proceed to describe how untreated sleep apnea is associated with a significant impact on vigilance, executive functioning, and coordination. Furthermore, relevant to psychiatric practice and sleep apnea, is distinguishing between fatigue and daytime sleepiness, which the authors review in the context of diagnosing underlying sleep apnea versus depression.

The chapter on narcolepsy and central nervous system-mediated sleepiness includes an in-depth discussion on narcolepsy, insufficient sleep, idiopathic hypersomnia, and other causes of hypersomnolence. The authors did cover the epidemiology, pathophysiology, clinical features, and treatment options of most common diseases responsible for excessive daytime sleepiness. I enjoyed very much reading their section on the pathophysiology of narcolepsy, which includes information on the associations of human leukocyte antigen, immune system, and narcolepsy genes in animal models, as well as the importance of hypocretin deficiency. Management of disorders of excessive daytime sleepiness is reviewed, including behavioral treatment and an in-depth discussion on pharmacologic treatment, including a brief overview of sodium oxybate (GHB).

The chapter on restless legs syndrome is written by Winkelman.
who started with a quote from Sir Thomas Willis (W)herefore to some, when being a Bed they betake themselves to sleep, presently in the Arms and Leggs Leapings and Contractions of the Tendons, and so great a Restlessness and Tossing of their Members ensue, that the diseased are no more able to sleep, than if they were in a Place of the greatest Torture. He gave an insight on how restless leg syndrome should be included in the differential diagnosis of psychiatric diseases and the impact of medications used to treat psychiatric disease on RLS. The section on treatment includes an in-depth presentation of different medications and their relevance to psychiatric practice.

The chapter on parasomnias includes a review of those occurring during non-rapid eye movement and rapid eye movement sleep. The author (Winkelman) included details on medications, as well as psychiatric disorders that are sometimes associated with different parasomnias. Overall, the author was able to cover the most commonly occurring parasomnias and discussed their relevance to sleep and psychiatric practice.

The chapter on circadian rhythm presents an overview of the relevant neurobiology and how the circadian system responds to photic as well as to nonphotic entraining agents. There also is a discussion of sleep and wake states and their generation by a complex interaction of endogenous circadian and sleep homeostatic processes. The authors proceed to discuss delayed sleep phase type, advanced sleep phase type, nonentrained type, irregular sleep-wake type, shift work type, and jet lag. They emphasize that these disorders should be considered in the evaluation of all patients with complaints of insomnia or excessive sleepiness and that these disorders may be comorbid with personality and mood disorders.

All together, Sleep Disorders and Psychiatry, one of the last issues of an extraordinary series of reviews of psychiatric issues, is an excellent and a very detailed compact textbook on sleep medicine, which includes relevant details of sleep disorders linked to psychiatric diseases. Any textbook, to look very attractive to readers, must include state of the art research, key-paper citations, and meta-analyses, and this book has it all. It is an excellent addition to the currently existing texts on sleep and psychiatry.

Did the authors achieve their goals? Yes, they provided the sleep and psychiatric communities with a text that gives us an understanding how these two fields are linked and what the role of psychiatrist should be in clinical sleep medicine. Furthermore, they were also able to emphasize the importance of a multispecialty approach in treating sleep-related problems.