Several clinical situations can occur following traumatic brain injury (TBI) depending on the degree and type of brain injury. Being a neurosurgeon and clinician we all aware that patients with traumatic brain injury can have disabilities represented by motor and sensory impairments. Several complications that can lead to physical, cognitive and neurobehavioral disorders can be seen during the TBI rehabilitation period including infections, respiratory system disorders, cardiac and thromboembolic complications. Much has also been learned about the impairments of higher cortical functions such as cognitive impairment and abnormal behavior. Both moderate to severe and mild TBI are associated with an increased risk of subsequent psychiatric illness and have been shown to be prevalent in hospitalized and tertiary care patient populations. The increased incidence of sleep disorders after TBI relative to the general population has been increasingly recognized. It has been recognized that sleep complaints are common in posttraumatic stress disorder and are included in the DSM criteria. Recently we read articles published in your esteemed journal, and we feel this is the time for all of us to come together and investigate issues of sleep disturbances following traumatic brain injury in detail. As we see there is a range of sleep disorders flowing TBI that include from hypersomnia, narcolepsy, delayed sleep phase, insomnia, fatigue, alteration of sleep-wake schedule to movement disorders. Many mechanisms have been implicated for these sleep disorders (direct brain injury, indirect brain injury, collateral damage to neck and back and resulting pain those may interfere with sleep), injury to the posterothalamicus and neuropeptides interfering with sleep-wake cycle. A knowledge of this full spectrum of common sleep disorders in patients with traumatic injury and a high index of suspicion will lead to a diagnosis and subsequent treatment of sleep disorders as these disorders can hamper the physical and cognitive rehabilitation of many patients. A better understanding of sleep disorders is needed as sleep disorders may deprive patients of the vitality to regain lost function and disengages patients from reinforcing activities, further reducing quality of life. To provide better care to the patients and to understand this less communicated and recognized entity, all of us need to work together both in investigating the causes and developing management options.

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Disclosure Statement
The authors have indicated no financial conflicts of interest.

Submitted for publication January, 2008
Accepted for publication January, 2008
Address correspondence to: Dr Amit Agrawal, Associate Professor (Neurosurgery), Clinical and Administrative Head, Division of Neurosurgery, Datta Meghe Institute of Medical Sciences, Sawangi (Meghe), Wardha-442004, Maharashtra, India; Tel: +91-7152-240129, 243073; Fax: +91-7152-2231902; E-mail: dramitagrawal@gmail.com