Gender bias in medical research and care remains a significant barrier to diagnosis and treatment, particularly in diseases falsely perceived as being male (or female) illnesses. Sadly, our field of sleep medicine has not been immune to gender bias; for instance, sleep scoring rules developed by Rechtschaffen and Kales were based on sleep recorded in a group of healthy male college students. Up until relatively recent times, sleep disorders in women have been under-diagnosed, and overall about 75% of sleep research has been conducted strictly in male subjects. Obstructive sleep apnea (OSA) was viewed as occurring almost exclusively in men until Young and colleagues compared its prevalence in middle-aged men and women. Furthermore, the field had falsely assumed that sleep/wake complaints of men and women with OSA would be identical, when in reality there can be significant differences.

In 1990, the National Institutes of Healthy (NIH) issued guidelines requiring inclusion of women and minorities in all NIH-sponsored research, revising these in 1994 and requiring that outcome measures in clinical trials be analyzed by gender. The recently published text, *Sleep Disorders in Women: A Guide to Practical Management*, can be a relatively painless way of filling our knowledge gap about sleep and sleep disorders in girls and women. Deftly organized and edited by Hrayr Attarian, this book provides a comprehensive, up-to-date review delineating the prevalence and distinctive attributes of sleep and sleep disorders in girls and women.

The organization of the book easily allows for use as a reference. Divided into five parts, the first section consists of five chapters that summarize the epidemiology of sleep disorders in women, the impact of life cycle, reproduction and hormones on sleep in women, and the evaluation of female patients with sleep complaints. The remaining four sections summarize sleep and sleep disorders most often seen in women during adolescence, pre-menopause, pregnancy, and menopause.

I particularly enjoyed reading the chapters devoted to adolescent insomnia, nonhormonal treatments of insomnia, parasomnias from a woman’s perspective, and restless legs in pregnancy and later in menopause. These chapters provided efficient, comprehensive, and practical reviews of management in these areas that were absolutely current with the most recent literature. Other chapters are devoted to sorting out the complex and still not fully understood relationships between OSA, polycystic ovarian disease, pregnancy, and menopause. It was apparent that particular care was taken in each of these chapters not to overstate what is known about these relationships, while clearly identifying areas for future research.

I believe this reasonably-priced, easy to read, and well-indexed book is a worthwhile addition to every sleep specialist’s library. In addition, sleep researchers who are interested in designing gender-specific research projects will find that it provides an excellent overview of what we know so far and where we need to go in order to understand the influence of sex, aging, and hormones upon sleep and sleep disorders in women.

**REFERENCES**