

Introduction

Sleep medicine is a rapidly growing field, with new scientific investigations of sleep and sleep disorders and novel treatment approaches. Each year the numbers of accredited sleep disorders centers and board-certified sleep medicine specialists grow. Cutting-edge journals and books devoted to sleep abound. A new nosology of sleep disorders has just been developed. There is even a little more time devoted to sleep in medical school curricula. Major advances have been made in the pathophysiology and management of sleep disorders, such as narcolepsy, restless legs syndrome, and sleep apnea. While sleep disorders certainly are not new, physicians' appreciation of their diversity, causes, and consequences certainly is. Also, with increased media attention given to sleep disorders, the public is better informed. Patients now are more likely to bring their sleep-related concerns to the attention of their health-care providers, who in turn are better equipped to offer helpful evaluations and treatments. In short, sleep disorders are gaining the respect of the health-care community.

This *Clinical Cornerstone* supplement includes 2 articles that review the current state of sleep medicine. Drs. Timothy Roehrs and Thomas Roth of the Sleep Disorders and Research Center at the Henry Ford Hospital (Detroit, Michigan) have made major contributions to the evolution of sleep medicine, with numerous publications on basic sleep mechanisms, sleep disorders, and treatment approaches. In this issue they provide an overview of the most common sleep disorders, with an emphasis on insomnia. They offer an historical perspective on how insomnia has been viewed in different nosolo-

gies and discuss research findings that have helped distinguish various types of insomnia. They go on to consider several comorbidities of the disorder, such as mood disorders and chronic pain. Finally, they review recent advances in the pharmacologic approaches to insomnia.

Chronic insomnia is the focus of my article. I discuss conceptual models that can help formulate insomnia cases, with the recognition that multiple factors simultaneously can contribute to insomnia and that the relative influence of these can shift over time. Factors that initiate an insomnia episode do not necessarily sustain it. I emphasize that for many patients insomnia is unremitting, and that new treatment strategies are necessary.

Medicine today is at a crossroads with regard to understanding insomnia on the one hand and treating it on the other. For selected patients, chronic insomnia requires long-term treatment to optimize daytime functioning and quality of life. A planned National Institutes of Health State-of-the-Science Conference on chronic insomnia will bring experts together to review the growing literature on the nature of insomnia and the effectiveness of different treatments. This conference will likely result in updated recommendations on both nonpharmacologic and pharmacologic therapies, as well as new prescribing guidelines. The next few years promise to be active as additional cognitive and behavioral treatments become available and as pharmacologic treatments with new delivery strategies and receptor targets are developed.

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Guest Editor