

Introduction

Insomnia often is described as underrecognized and undertreated. While this is true for the general population, it is even more so for cancer patients. Most cancer patients experience insomnia at times, and many have persistent sleep disturbances. They experience a constellation of factors that undermine their sleep quality, with consequences ranging from psychological to physiologic. Chronic insomnia not only causes quality-of-life decrements but also increases the risk for psychiatric disorders and may impair immune function. Thus, measures to identify and treat insomnia may result in broad-based benefits for cancer patients.

The first step in identifying insomnia is asking the patient and his or her family about the patient's sleep quality. Several strategies, often in combination, may help relieve insomnia symptoms. Of course, optimizing the treatment of underlying medical processes and pain is especially important in the context of treating cancer. Patients' medications should be assessed for their sleep-disrupting potential. Alternative timing, dosage, or therapies may be considered. In some circumstances, insomnia from chemotherapy medications can be predicted and countered with other measures.

In some cancer patients, changes in sleep habits, psychotherapy, and cognitive behavioral therapy may be helpful—particularly if insomnia is persistent. Finally, sedatives, especially the relatively short-acting,

newer-generation hypnotics, may have a therapeutic role. Although these medications carry an indication for short-term use, increasingly they have been prescribed for selected patients for extended periods of nightly or intermittent use with continued safety and efficacy.

This *Clinical Cornerstone* supplement includes 2 articles that explore the complex and often neglected realm of sleep disturbance in cancer patients. In "Insomnia in Cancer Patients," Joseph F. O'Donnell, MD, offers a view of the wide spectrum of factors that simultaneously lead to acute or chronic insomnia symptoms in cancer patients. Dr. O'Donnell emphasizes that the psychological response to the cancer diagnosis, associated psychiatric disorders, physical and physiologic effects of the neoplastic process, and assorted cancer treatment modalities all may promote sleep disruption. In "Cancer Pain, Fatigue, Distress, and Insomnia in Cancer Patients," Dale E. Theobald, MD, PhD, focuses on the cycle of pain and insomnia, and its physical and emotional consequences. Drs. O'Donnell and Theobald stress the importance of recognizing insomnia in cancer patients and treating sleep disturbances to achieve improvements in sleep as well as quality of life.

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