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Sleep Disorders in Women

A Guide to Practical Management

Edited by

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Dedication

To my parents, Angele and Pierre Attarian, with extreme gratitude

Series Editor's Introduction

Increasing attention is currently being directed to a variety of health disorders that are either unique to or more common among women than men. This volume adds sleep disorders to the list of those in which important gender differences have been neglected. *Sleep Disorders in Women: A Guide to Practical Management* explores the reasons for gender bias in this area of research and provides a comprehensive and in-depth review of what is currently known and what still remains to be studied concerning this important topic.

As several contributors to this volume indicate, numerous misconceptions exist due, not surprisingly, to a shortage of reliable data in the field. As an example, obstructive sleep apnea (OSA) is typically thought to be far more common in men than in women. However, as contributors to this volume carefully document, the prevalence of OSA in women varies considerably depending on the specific female population that is studied. It is low in premenopausal women, higher in postmenopausal women, particularly high in women with polycystic ovary syndrome, and of uncertain prevalence in pregnancy. This exemplifies the fact that as women move through varying hormonal environments including puberty, the menstrual cycle, use of oral contraceptives, pregnancy, the postpartum period, and menopause, their risk for a variety of sleep disorders varies considerably. As pointed out in Dr. Attarian's earlier volume in the Current Clinical Neurology Series, *Clinical Handbook of Insomnia*, the physiological causes of insomnia and excessive daytime sleepiness have been underestimated. In the current volume we are now presented with evidence that endocrinological causes play a particularly significant role in women.

This volume certainly does not limit itself to sleep disorders unique to women. Very useful chapters deal with the usual fare of restless legs syndrome, insomnia, excessive daytime sleepiness, and OSA. Less commonly appreciated circadian rhythm disorders in adolescents such as delayed sleep phase syndrome and insomnia are also addressed. A real bonus is provided by a particularly fascinating chapter concerning the phenomenology of the parasomnias! *Sleep Disorders in Women: A Guide to Practical Management* fills an important gap in the literature concerning sleep disorders, which will be invaluable for health care workers who advise and treat such patients.

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Preface

Gender bias in medical research and care is a well-established fact. It has, fortunately, become less prevalent now than in the past, but still is a significant problem, especially in conditions traditionally thought of as male illnesses. Sleep medicine, a relatively young field, has not been immune to gender bias. It has been a well-established fact that symptoms of obstructive sleep apnea (OSA) do not necessarily differ between genders, yet until recently it took twice as long for a woman with OSA to get correctly diagnosed than a man with the same condition. In certain circles, unfortunately, it has been a common practice to attribute any type of sleep symptom in women to a psychiatric illness, which leads to delay in diagnosis and treatment. Thanks to pioneers in sleep research, such as Dr. Terry Young and others, these trends are slowly changing. OSA was first described in middle-aged overweight men and because it was only looked for in that population group for a long time, no one looked for it in women or other population groups. Certain features associated with OSA unique to middle-aged men were automatically assumed to be applicable to other population groups. Research in the past 10-15 years, however, has produced a wealth of data regarding the prevalence and uniqueness of sleep disorders in women. The interplay of reproductive hormones, the endocrinological changes that women go through during various life stages, and both normal and disordered sleep is being explored more in depth. Despite all these advances in our understanding of sleep disorders in women, we are still just scratching the surface of this fascinating and multifaceted field.

Sleep Disorders in Women: A Guide to Practical Management is divided into five parts. The first part is an overview discussing epidemiology, workup, and normal sleep changes, with chapters devoted to adolescence, premenopausal state, pregnancy, and menopause. The last four sections are divided into illness-specific chapters.

In order to write a book that covers the multifaceted aspect of sleep medicine, one needs a multidisciplinary team of specialists. The authors of these chapters are well-respected and well-published researchers and clinicians in this field and come from a variety of backgrounds, making the book multidisciplinary.

Sleep Disorders in Women: A Guide to Practical Management is intended to help introduce primary care physicians and health care providers to the multifaceted discipline of sleep disorders in women. It summarizes the latest, cutting-edge research and presents it in a succinct and clinically relevant manner. Its goals are to help physicians recognize the symptoms patterns of sleep disorders in their female patients, guide them in diagnosing and treating these patients in a timely fashion, and help in the elimination of gender bias in sleep medicine research and care.

I hope that *Sleep Disorders in Women: A Guide to Practical Management* will fill an important niche in the medical literature by being the first multidisciplinary comprehensive review written for physicians on sleep disorders in women.

Hrayr P. Attarian, MD

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