Introduction

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Psychiatric practice and research have in recent years been marked by two major changes: first by the recognition of the public health importance of mental disorders in general health care (and in developing countries); and second by the tremendous growth of research in the field of neuroscience.

The articles assembled in this supplement stem from a symposium which to an extent reflects these changes. Four of the articles deal with sleep problems seen in general practice and discuss the frequency, recognition, form, severity, consequences and treatment of sleep disorders; the remaining article deals with neurophysiological measurement relevant to the recognition and treatment of the disorder.

Sleep disorders are of major epistemological, scientific and practical interest. Although a variety of laboratory measurements are possible (and can be carried out reliably): definition of sleep disorders remains dependent on the subjective experience of disturbed sleep, early waking or difficulties of falling asleep. The limit between ‘normal’ sleep and sleep disorders is uncertain. There is little solid evidence about the distribution of sleep patterns in the world’s populations. Evidence about types and severity of impairment of various mental functions which can be specifically attributed to sleep problems is also lacking for most population groups. Research in this area usually produces more queries than answers. Findings about the effects of shift work on sleep and working ability, for example, introduced a new array of questions about the most useful targets for the treatment of complex sleep disorders.

Neither are the strategies of treatment for sleep disorders well-defined. There are considerable differences between recommendations concerning treatment made by various professional groups and experts. Medical and psychiatric training materials - at undergraduate and postgraduate level - are also remarkably laconic and often vague and general when it comes to the management of sleep problems. In part, this is due to the uncertainty about the nosological status of sleep disorders which some see only as symptoms of some other diseases (which should be the prime target of treatment) and others as an independent set of disorders which can be (and often is) comorbid with other physical and mental disorders. In part, however, this situation is also caused by the banalization of the problem expressed in the argument that sleep disorders are so frequent that they must be considered as part of the human condition and that, therefore, there is neither a reason nor the possibility to treat those who complain about their sleep.

The articles presented herein give partial answers to some of the questions listed above. The main findings presented can easily be summarized: sleep problems are frequent; they aggravate the course of diseases in which they appear and can, even when occurring independently of other diseases, cause impairment, lessen working capacity and result in other problems affecting the life of those who have sleep disorders.

There are however many questions that remain open and underline the necessity of seeking worldwide consensus about the diagnosis, classification, and treatment of sleep disorders as well as about directions of research which are most likely to lead to a better understanding of the mechanisms of sleep (and wakefulness) and to an effective management of sleep disorders.