

Special Issue

Multifactorial Causation and Therapy of Sleep Disorders

Message from the Guest Editor

The better we know sleep-disorders, the more they infiltrate neurology; resulting in a “sleep-neurology”.

Narcolepsy highlighting ways of sleep regulation unknown before the discovery of orexins is a good example. Cataplexy sees across to REM sleep behavior disorder (RBD), associating to synucleinopathies. RBD heralds them way ahead paving the way for prevention. Even insomnia caused by fronto-basal tumor, sleep-related painful erection or restless legs syndrome is linked to neurology. Insomnia may lead to cognitive loss by the decrease of slow waves-related plasticity and by the weakening of brain-wash resulting in the deposition of harmful metabolites and proteins such as amyloid-beta the driver of Alzheimer's disease. NREM parasomnias once deemed of psychological origin, present now as conditions of sleep-state dissociation with focus on the anterior cingulate cortex.

Sleep-respiratory changes make another chapter. Stridor in multisystem atrophy, neurologic consequences of obstructive sleep apnea; and sleep-breathing abnormalities in myasthenia or in conditions of the cervical spine need a complex somnology-respiratory-neurology approach.

Guest Editor

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