Prevalence of sleep disorders in acute traumatic brain injury (TBI) is intuitively appreciated but in chronic TBI not well described until the seminal papers by Guilleminault et al in 1982 and again in 1999.\textsuperscript{1,2} Still the controversy remained, and insurance companies in Michigan, the only state in USA where there are lifetime benefits when a disorder results from a motor vehicle accident, have routinely questioned the relationship of these 2 entities. In particular, the phrase obstructive sleep apnea bothers insurance adjusters and their independent medical evaluators. It implies to them that the problem is not posttraumatic but due to a preexisting anatomical defect. I have practiced neurology in Michigan since 1984, and on more than one occasion, my patients have been at the receiving end of this determination from insurers.

When Dr. Vivek Anand, who visited us from India as an extern, and my medical student daughter, Arunima Verma (now a full M.D.) offered to assist, we embarked on an unfunded retrospective study to study this issue, which was published in the June 2007 issue of JCSM.\textsuperscript{3} Little did I realize that a similar study has been done in a funded and prospective manner in Texas with tantalizingly similar conclusions; it was and accepted for publication slightly after our paper but published in the same issue of JCSM.\textsuperscript{4} Dr Stuart Quan, the editor, did an excellent job of putting these 2 papers with another paper on TBI and sleep disorders from Seattle, Washington,\textsuperscript{5} in the same issue of JCSM. These articles were accompanied by an editorial by Drs. Theodorou and Rice.\textsuperscript{6}

I am pleased to note an interest in the problem extending worldwide as this letter from Dr. Agrawal et al shows.\textsuperscript{7} It has caught the attention of lay press as well.\textsuperscript{8}

Although an individual with a sleep disorder is more likely to sustain TBI by virtue of being sleepy and perhaps inattentive, these 3 studies have convincingly shown the reverse is true as well. In addition, even a mild TBI may be associated with significant sleep-related consequences. Also, TBI may be directly or indirectly cause pretty much all varieties of sleep disorders including, yes, obstructive sleep apnea. I do not want to get into details of all of this as they are well described in the 3 articles and the editorial in the June 2007 issue of the JCSM.

This problem is going to grow, given the conflicts in Iraq and elsewhere and the increasing use of automobiles and industry in developing nations (including India and China). It is already assuming epidemic proportions.\textsuperscript{6} Thus, a sleep specialist may play a valuable part in the management of the morbidities in a patient with chronic TBI.

REFERENCES