Insomnia is the second most common complaint, after pain, in the primary care setting. Persistent insomnia affects roughly more than one-third of the population and is a risk factor for significant psychiatric morbidity.

Insomnia also leads to overutilization of health care services, decreased productivity in the workplace, more accidents, and more absenteeism from work. All this costs about $100 billion annually. Hence, persistent insomnia is both a public health and an economic problem. Insomnia is not, however, one distinct illness. There are many causes and each naturally requires a different method of evaluation and treatment. Patients with insomnia frequently self-treat with alcohol or over-the-counter medications. There is no scientific evidence for the efficacy of these medications in insomnia. Additionally, those taking these medications may suffer impaired daytime functioning caused by lingering feelings of sedation.

Most medical school curricula suffer a dearth of material on sleep medicine as well as insomnia. Primary care text and reference books often do not include chapters that address the evaluation and treatment of insomnia. When we published The Clinical Handbook of Insomnia 5 years ago, it represented the first clinically oriented, easily readable textbook dedicated to the evaluation and treatment of insomnia in the primary care setting. Our goal was to provide practitioners in general and primary care providers specifically with an easily accessible handbook to serve as a reference for the evaluation and treatment of this important yet poorly recognized medical problem. The volume was very well received by the medical community, so we decided to update and expand it with this current edition.

The second edition of The Clinical Handbook of Insomnia is divided into five sections. The first includes updated chapters on definitions, differential diagnosis, the epidemiology and the pathophysiology of insomnia, and a new chapter geared for midlevel providers as a quick reference guide when confronted with patients complaining of poor sleep. The second section is entirely new in this edition and it focuses on the insomnias in special populations: preadolescents, teens, pregnant women, menopausal women, and the elderly. Part III discusses the primary insomnias with updated chapters and Part IV has updated and expanded chapters on secondary insomnias with a new chapter on the relationship between chronic pain and insomnia. The last
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section reviews the pharmacological and behavioral treatments of insomnia. Most of the chapters are illustrated by case studies, charts and graphs to better elucidate the points conveyed.

We hope the Clinical Handbook of Insomnia, Second Edition, will continue to fill an important niche in the medical literature by providing the first comprehensive publication that addresses insomnia in its multiple forms, summarizes the findings published in different medical journals, and presents these to the practicing health care provider in an easily accessible format.

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