IN THIS ISSUE OF THE JOURNAL IS THE REPORT of
an American Academy of Sleep Medicine (AASM) task-
force on definitions of sleep disordered breathing (SDB) in
adults as well as recommendations for measurement tech-
niques. This widely anticipated document is the culmina-
tion of extensive thoughtful deliberation by a distinguished
group of experts in the field, public "hearings" of prelimi-
nary recommendations and external review by other
experts selected by the AASM board of directors. It is a
much needed template which will provide a framework for
further clinical research in SDB. By promoting some uni-
formity in the definition of clinical syndromes, it will facil-
itate comparison of results among studies. Nevertheless,
although the AASM board of directors believes that this
report is a much needed tool to facilitate future research,
certain constraints regarding the interpretation and use of
this document need to be emphasized.

First, this report is not the equivalent of an AASM stan-
dards of practice paper. Although the taskforce attempted to
use as much evidence-based information as was available
to develop their recommendations, there is a distinct pauci-
ty of rigorous scientific data. Thus, the report is primarily a
consensus derived document reflecting the opinion of the
taskforce members. Therefore, as noted in the following
editorial by Drs. Littner and Shepard, it is not surprising
that other experts might differ in their opinions.

Second, the recommendations in the report are not
intended to be a mandate for change in current clinical
practice. As indicated by the title, the report is intended to
facilitate future clinical research. By itself, it should not be
used by clinicians, patients or insurers to question the
validity of a past, current or future diagnosis of SDB.

Third, a particularly controversial recommendation in
the report is the non-acceptability of thermisters and
expired CO2 as valid measurement techniques. By them-
selves, there is general agreement that neither of these
methodologies is sufficiently valid or reliable to identify
hypopneic events. However, in combination with other
measures, most clinicians believe they can contribute to the
diagnosis of SDB. The taskforce itself recognizes the value
of using more than one measurement signal as indicated in
Section 5.1.2.8 of their report.

Finally, the report should be viewed as a "work in
progress". By stimulating clinical research, some of its con-
troversial recommendations may be proven valid and then
will be incorporated into future clinical practice and
research guidelines. Others may be found to be incorrect
and will be removed. Irrespective of these caveats, howev-
er, the taskforce report is an important development in the
evolution of our understanding of SDB.