

Inside

President's Update	1
RACP Adult Medical Division and Sleep Medicine Training Curriculum	2
Clinical Committee	3
Conference Committee	4
Prize Winners	5
ASA Fun Run	7
Education Committee	7
Research Committee	8
Membership Committee	9
New Zealand	9
Special Interest Group News	10
Dental Orofacial SIG	
Chronobiology SIG	
Insomnia and Sleep Health SIG	
Neurology SIG	
Paediatric SIG	
Respiratory SIG	
Around the Organisations	14
Sleep Health Foundation	
Australian Society for Medical Research (ASMR) Update	
Australasian Sleep Technologists Association	
SDA Information	16
Sleep DownUnder 2012	16

ASA Vision

A community that recognizes the importance of good sleep to health, public safety, productivity and quality of life.

ASA Mission

To lead and promote sleep health & sleep science across Australia and New Zealand and to advance the professional interests of its members.

President's Update

It is indeed a privilege to have taken on the role of President of our association.

It's an exciting time for the field, both in practice and in research - rapid advances are being made in our understanding of the mechanisms underlying sleep and its disorders; the impact of these on health, safety and productivity; and the management of sleep disorders. The Association is in an excellent position, thanks to the dedicated Board and Secretariat, and all of the members who commit their time to the activities of the Association.

Over the past 2 years, Craig Hukins has led our Association with enthusiasm and commitment, and has helped to re-affirm sleep medicine as a distinct discipline. Craig will continue to serve on the Board next year, and will also continue to represent the Association in the RACP Adult Medicine Division Council.

Our Association continues to develop and lead a number of important initiatives to advance our field and the interests of our members. These rely on the expertise of our members, and also on adequate and effective support from the Secretariat. Recognising the projected growth in our activities, the Board has approved the appointment of a new position in the ASA office. This new appointment will support a range of educational activities and will also work closely with our Executive



Shantha Rajaratnam

Officer, Stephanie Blower, to increase our sponsorship base. The decision to increase staffing in the ASA office was taken as part of the ongoing strategic planning of the Board.

Many of you would have attended our most recent Annual Scientific Meeting in Sydney in October. The meeting was a tremendous success, and reflected the diverse interests of our multi-disciplinary field. In conjunction with the main meeting, a series of high-quality postgraduate courses were held to advance training in sleep medicine and sleep science both within our Association and also to allied professional groups. I thank the Conference Committee and our Secretariat for putting together such an excellent program. I also congratulate the stellar early career researchers who were selected by the Research Committee to present in the New Investigator Session.

The next scientific meeting will be in

Continued

Darwin in 2012. I encourage you to consider submitting proposals for symposia and postgraduate courses so that the program can continue to reflect the broad expertise and interests of the Association. We plan to market the meeting to sleep clinicians, researchers and technologists from across the Asia-Pacific region.

As you would be aware, the Association has worked closely with the National Association of Testing Authorities (NATA) to develop a new framework for sleep disorders services accreditation. We are confident that this new framework will serve the interests of our Association by facilitating a flexible but also rigorous accreditation process. Feedback from the membership has been integral to the development of this framework, most recently through a 'question and answer' session convened by Nick Antic at our annual scientific meeting.

The topics of fitness to drive and fatigue in transportation have been on the agenda of government and other organisations over the past few months. The ASA is contributing, through its Clinical Committee, to guidelines and commentaries on these topics, in partnership with the Sleep Health Foundation.

Education is one of the strategic priority areas for our Association. The Education Committee is, through two very active sub-committees, addressing the need for increased education in sleep medicine and sleep science to psychologists and general practitioners. In the next year, a new sub-committee is to be established to develop educational programs in sleep for the nursing profession. The Committee is also working with the Research Committee to coordinate a series of research seminars in each major city, following a similar model to the series that has been run successfully in Victoria for a number

of years. These seminars will increase the opportunity for interaction among members between the annual scientific meetings. I encourage you to participate in this initiative.

We are indebted to Alan Young for taking on the leadership of the Education Committee during Gillian Nixon's period of maternity leave, and Andrew Gikas for his excellent work as Membership Chair, which included overseeing the development of our new website and membership database. We welcome Suresh Sadasivam to the Board and the role of Membership Chair.

My best wishes to you all for the holiday season. I look forward to continuing to serve you in the new year.

Shantha Rajaratnam
President



Craig Hukins

Royal Australasian College of Physicians Adult Medical Division and Sleep Medicine Training Curriculum

The relationship between the Australasian Sleep Association and the Royal Australasian College of Physicians (RACP) is a complex one, made more so by the fact that the ASA is a multidisciplinary association.

There are a number of direct links between the associations, including the Adult Medical Division (AMDC)

Council and the Specialty Training Committee (STC). The AMDC is comprised of representatives from all of the Specialty Societies, Faculties and Chapters that make up the RACP. The RACP has become aware that most Consultant Physicians identify more with their Specialty Society than with the College itself. This has led to efforts specifically to increase the relevance of the College to

Consultant Physicians. One element of this is the development of a Memorandum of Understanding between the Specialty Society and that the RACP. The draft of this MOU has been reviewed by the Board of the ASA and feedback has been provided. In particular we are interested in the ways by which the College can support the ASA. Our early hopes that there may be some

financial support based on the number of Fellow members in the ASA will not be realised. There are a number of other ways to provide support and the Board has already utilised some of these, including the use of RACP meeting facilities which can reduce the operating costs of the Association.

The other link between the ASA and RACP is the Specialty Training Committee (STC). We are a member of a joint STC with Respiratory Medicine, based on close relationship with this field. The ASA has a number of direct nominees on the STC. We welcome Marcus McMahon and Michelle Murphy as recent additions to the STC representing Sleep Medicine. The Chair of the STC is Michael Hensley. Members are very familiar with the Sleep Medicine Curriculum which was developed and ratified over 12 months ago. The STC has the great challenge of implementing this curriculum in accordance with the educational requirements of the RACP. For most supervisors of medical trainees, there will be little change other than changes in the documentation of the training. However, for others there will be some changes and at the very

least familiarisation with the new Formative Assessment tools including Learning Needs Analysis, DOPS (Directly Observed Practice Skills) and Mini-CEX. These Formative Assessment tools are required for trainees *entering* advanced training from 2010. I would encourage all supervisors of medical Advanced Trainees to attend the Training Workshop which is run yearly at the Annual Scientific Meeting. The focus of medical training has been towards a more consolidated program which better addresses the great breadth and depth of Sleep Medicine. At the same time it has been important also to offer some flexibility including the ability to train through a network of facilities where individual facilities online do not have the activity or case mix to individually satisfy training requirements. As most members would know, we have moved away from piecing together sometimes small fragments of sleep training to the expectation that training will be completed in minimum of six-month blocks. Due to the set up of some departments, this may not be quite so straightforward in a small number of facilities, however on the whole the ability to offer more consolidated

training opportunities has been well accepted. I congratulate the enthusiasm of the STC which will continue to lead to improvements in the quality of Sleep Medicine training and help develop our field further.

The issue of the titles of consultant physicians remains without any satisfactory solution. The only title available for a Sleep Physician at this time is Consultant Respiratory and Sleep Physician which is not consistent with the training pathways nor clinical practice in these fields. To date there has been no response from the Australian Medical Council however the STC is also taking up this issue on behalf of the RACP. This is a critical issue and causes particular problems with registration of Sleep Physicians who are not dual trained Respiratory Physicians. I would also encourage individuals affected by this error in specialist title to also contact the AMC directly:

Recognition of Medical Specialties
Advisory Committee
Australian Medical Council,
PO Box 4018,
Kingston ACT 2604

Craig Hukins
Immediate Past President



Nick Antic

Clinical Committee

It is an exciting time to be involved with the Clinical and Laboratory Accreditation Committees.

The most significant issues in front of these Committees are around Sleep Lab Accreditation but there are other issues discussed underneath

I've written before about the

Accreditation process we are evolving in conjunction with NATA. We have rewritten the Laboratory Accreditation Manual, which will be available soon for comment in draft form for our membership. The document will reflect the broader practice of Sleep Medicine in 2011 and we think there will be tiers of accreditation to reflect different diagnostic and treatment

components of clinical services, both ambulatory and laboratory based. We hope to formally accredit our first lab using the new process around October 2011. There is still much to be done.

In the meantime traditional laboratory accreditations are still happening. Congratulations to the Prince of Wales and Concord Sleep Medicine services for their recent accreditations

There are other issues under discussion currently at the Clinical Committee. There is concern that the supply of CPAP equipment via the Enable program is not meeting the needs of our patients. Stuart Miller

and I are collating some data and comments about this from concerned members. Feel free to contact either of us if you wish to add your comments. Once collated it may be appropriate for the ASA to correspond with the NSW Minister for Health and point out that equipment supply in NSW and ACT seems to be far less effective than the other states and territories. A national supply of equipment remains an issue to consider.

We have drafted some Clinical Indicators. Thanks to Jeremy Goldin for his leadership with these. In the next few weeks we will make them

available to our members on the website for comments and then we will roll them out in a few Sleep Medicine Services to test them. This process is very much aligned with the RACP commentary around Clinical Indicators that many of you may have seen.

In the next newsletter, I will outline some strategies and data to help our members with some normative values and severity criteria around AHI using the AASM (Alternate criteria).

Nick Antic
Chairman
ASA Clinical and Laboratory Accreditation Committee



The main responsibility of the Conference Committee is the Annual Scientific Meeting. It was held this year in Sydney and attended by more than 600 delegates.

There were 150 abstracts submitted, 4 plenary sessions, 4 post-graduate courses, 8 symposia, 4 Year in Review sessions, 3 mini-symposia and 4 breakfast sessions as well as Welcome Drinks, a Fun Run and the conference Gala Dinner. In addition, there was a special presentation on Sleep Laboratory Accreditation, a Research Committee session on peer review, a

Conference Committee

meeting of Early Career Researchers and Trainees and a session for the ENT surgeons. The conference committee tried to make it a stimulating and worthwhile experience for all delegates and from the feedback received, I think that we did well. Attending the ASM is a commitment of your time and money; our challenge is to provide a

programme that meets the expectations and needs of our membership. I would like to thank those attendees who handed in their review forms, all of your comments have been recorded and will be taken into consideration in the planning of our meeting in Darwin in 2012.

Planning for the ASM in Darwin 2012 is well underway. Our 2 invited



Maree Barnes



international speakers will be Patrick Levy from University of Grenoble, France and A/Prof Eve Van Cauter from University of Chicago, USA. We are hoping to have at least one session on indigenous sleep health and sleep disorders and also add a more clinical stream to the meeting. The clinical sessions will complement the science and research sessions and demonstrate the pathway from science and research into clinical practice. All ASA and ASTA members are encouraged to submit proposals for plenaries and symposia, proposal forms are available on the website <http://www.sleep.org.au/conferences/sleep-downunder-2012>. Closing date for submission is 3 February 2012. In addition, we are always open to any suggestions for improving the ASM.

Finally, the important contribution of our sponsors to the ASM should be acknowledged. Our financial supporters have no input into the meeting content, but continue to support it and for this we are grateful.

Travel Grants will again be selectively awarded in 2012, one criteria for selection is length of membership for ASA. If you have new researchers working with you, who you think may want to present in Darwin 2012, you should suggest they join ASA now, to assist their chances of getting a Travel Grant.

I look forward to receiving your session proposals and your abstracts and to seeing you in Darwin in October 2012.

Maree Barnes
Conference Chair

Prize Winners 2011

New Investigator Nominees

Gemma Paech: *Eliminating the circadian influence on sleep*

Ching Li Chai-Coetzer: *A randomized controlled trial to evaluate a simplified model of care for OSA in general practice*

Kerri Melehan: *Increased sexual desire with exogenous testosterone administration in men with OSA*

Camilla Hoyos: *Cardiometabolic and*

neurobehavioural changes after CPAP treatment of OSA

Lauren Nisbet: *Pulse transit time and the cardiovascular effects of SDB*

Warren Ruehland: *Genioglossus EMG response to threshold restive loads in severe OSA vs healthy controls*

New Investigator Award: Lauren Nisbet

Poster Prizes

1st: Joe Donoghue: *A comparison*

between sleep latency and microsleep latency observed during MSLTs and MWTs day tests

2nd: Jin-Gun Cho: *Loud snores reduce peak carotid arterial wall shear stress and peak systolic blood flow velocity*

3rd: Kim Ward: *Validation of a portable monitoring device for investigation of OSA*

President's Award

Craig Hukins made the President's Award to Tracey Robinson from Westmead Hospital for her contribution to ASA and the field of sleep medicine. Through her work on the Specialty Training Committee of

ASA and RACP Tracey has had a major impact on the standards of training in Sleep Medicine. Thanks to the hard work undertaken by Tracey and others on this Committee high standards and appropriate duration of training have now been established for physician training in sleep medicine.

Distinguished Achievement Award

Awarded to Professor Doug McEvoy

Doug McEvoy has held 15 NH&MRC project grants since 1994 including the largest NHMRC project grant ever

benefit to the ASA are his mentorship of younger and early career physicians and scientists, and his leadership of multi-centre randomised controlled trials in Australasia and around the world.

Doug joins a list of previous worthy recipients of this award, including Colin Sullivan, Ron Grunstein and John Wheatley.

Rob Pierce Grant in Aid

The purpose of this annual Grant in Aid, which was first awarded in 2009, is to facilitate a project in the field of sleep research for a new investigator who is a member of ASA or ASTA.

The purpose of this scholarship is to facilitate international travel and exchange by a member of ASA or ASTA in order to develop their skills in sleep research or clinical sleep medicine. In addition, the scholarship may be available to a non ASA or ASTA member residing outside of Australia or New Zealand who wishes to travel to an institution(s) in Australia or New Zealand for similar purposes, provided the proposed supervisor is an ASA or ASTA member. The scholarship is not aimed at allowing individuals to travel to conferences or move overseas for employment (e.g., postdoctoral positions greater than 12 months in



Tracey Robinson



Doug McEvoy



Danny Eckert

given to the field of Sleep Medicine in Australasia for the SAVE project in 2010 (\$3million). He has over 100 publications and has held an NH&MRC Practitioner Fellowship since 2004.

He has previously held significant roles in ASA, including President, and was Chairman of the Professional Standards Subcommittee of the TSANZ. He currently sits on the board of the Sleep Health Foundation.

Two particular qualities about Doug that have been of particularly great

The Award this year was given to Danny Eckert for his project: *Physiological strategies to optimise treatment response to sedative therapy in obstructive sleep apnoea patients with a low respiratory arousal threshold: A novel therapeutic target.*

Helen Bearpark Scholarship

The Helen Bearpark Scholarship was not awarded in 2011, as no application had been received that met the criteria.

duration) but rather to visit institutions in order to develop new or extend previously acquired skills. Full details can be found on the ASA Website at <http://www.sleep.org.au/education/scholarships-and-awards>

Please give consideration as to whether you or one of your colleagues should be applying for this award to facilitate international travel and exchange with another institution. Applications will close on 31 July 2012.



ASA Fun Run

and was a clear winner in 18:03.

The runners again received t-shirts and enjoyed breakfast courtesy of Compumedics, so thanks to Manj Senn, David Zarfaty and the Compumedics team for their support and also helping on the morning of the run.

Special thanks must go to Anne Drury for organizing spot prizes from Vision Gym and Personal Training at North Ryde, and for organizing helpers and a cheer squad on the day. Thanks also to Andrew Ng for providing winners medals and organizing the relevant permits. Thanks to Tom Churchward for the certificates and to Tom and Warren Ruehland and Julie Tolson for lugging the show bags up to Sydney. Finally thanks to Mare Barnes, Stephanie Blower and the ASA team for their support of and help with the event.

See you in Darwin in 2012 for another great event. Let me know if you would like to help organize it.

Christopher Worsnop

The beautiful Saturday morning at this year's ASA ASTA conference enticed forty-seven runners and walkers to get up early for the third ASA ASTA Fun Run.

A 3 km course was used in the Domain with world famous views of the Opera House and Sydney Harbour Bridge as runners made their way to Mrs Macquarie's Chair. There was a choice of 3 km, 6 km or 9 km events.

There was a fast start as Tom Churchward and Chris de Chanee raced away to lead the field down the hill passed the Botanical Gardens. Chris quickly showed his class and went to the lead early in the event and completed the first lap in front. He went on to win the 6 km event by

over three minutes in a great sub four minute pace time of 23:22.

Tom was clearly in a hurry to get to the first session in a respectable state especially as he was one of the speakers. He won the 3 km by over two minutes in 11:37. Peter Allcroft kept the leaders in sight and took on the 9 km doing the three laps in 37:52, also a comfortable winner.

There were some great times from the women as well. Leanne Sullivan ran the 6 km and was not far from the leaders. Her time of 25:45 was impressive giving her an easy win in the women's event and second best in the 6 km overall. Jen Walsh also showed fine form in the 9 km as she ran 41:43 to be the fastest woman and third overall. Rachel Pantin led the way for the women in the 3 km



Alan Young

Education Committee

The Behavioural Management of Sleep Disorders (Psychology) Subcommittee, in conjunction with the Australasian Psychological Society (APS), has now completed eighteen Insomnia Symposia to over 1,000 psychologists around Australia. The Sub-committee has also completed eight paediatric workshops on

'Treating Behavioural Sleep Problems in Children' around the country. Given the success and ongoing interest in attending these sessions the Subcommittee has undertaken to continue running them.

The General Practitioner Education Subcommittee is continuing to work with the Royal

Australian College of General Practitioner's (RACGP) on two initiatives. The first is an online tool on the College's 'GP learning' website (12,000 GP members) based on 5 sleep medicine cases produced by the Subcommittee. The second is to provide face-to-face education. A series of sleep workshops was run at the RACGP annual conference (GP11 Hobart) and attended by over 140 GP's with plans to expand at 'GP12'. The Subcommittee is also working with the Goodfellow Club from Auckland University to produce online learning tools for GP's in New Zealand.

The newly formed **Nursing Education Subcommittee** is in the process of appointing members and establishing their terms of reference, with regular meetings to commence in 2012.

Best wishes to all for the holiday season.

Alan Young
Chair, Education Committee

Research Committee

I would like to take this opportunity to thank all the Research Committee for their hard work over the past 12 months.

During this time the committee has worked with ASMR to influence government with regard to funding for the Health and Medical Research sector, organised sessions at the Australian Health & Medical Research Congress (AHMRC), reviewed applications for the Rob Pierce Grant in Aid and reviewed submissions for the New Investigator Symposium at ASM and judged the New Investigator Award at ASM, organised a Research Committee Symposium at ASM and introduced an ECR session at ASM.

I would also like to thank all of the ASA Office – Stephanie, Helen and Myf, for all their help and support throughout the year.

Again this year we received a large number of high quality abstracts from ASA New Investigator members. It is fantastic to see the breadth of high quality research being undertaken by new investigators in Australia. All the presentations were excellent and all presenters are to be commended on their presentations and their research. The winner of the New Investigator Award was Lauren Nisbet. I encourage all new investigators to consider submitting their abstracts for consideration for next year's New Investigator Symposium in Darwin. I also encourage all eligible researchers to submit applications for the Rob Pierce Grant in Aid and the Helen Bearpark Memorial Scholarship. These awards are prestigious awards, which



Naomi Rogers

provide early career researchers with the opportunity to start to develop their independent research careers, and gain invaluable experience by travelling overseas or within Australia to gain new research experience, and then return to their labs to share this knowledge with peers.

I would also like to congratulate everyone who was successful in obtaining funding from the recent NHMRC and ARC funding rounds. It is fantastic to see so many project grants and fellowships awarded in our area.

In the coming year the Committee will again be working on symposia at the AHMRC, on the topics of Sleep and foetal development and Sleep and public health. Criteria for Travel Grants and the Helen Bearpark Scholarship will be reviewed shortly, and details will be circulated to the membership once these have been finalised and ratified by the ASA Board. At ASM next year we will again be organising and hosting an event for ECRs and Advanced Trainees.

I look forward to another productive and successful year working with the Research Committee and with the ASA Board.

Naomi Rogers
Research Chair

Membership Committee

It is a great privilege to be the chair of the membership committee of a fast growing and an engaging association.

We have had significant increase in our new members since May 2011. We've had 15 full members, 37 associate members, 4 sustaining members and 22 student members.

Membership fees are an important revenue stream of our association and reminders for subscriptions have

been sent out for the members who still haven't paid their 2011/2012 dues. Please check through your email/mail and forward your membership fees at the earliest. This can also be done on-line.

Members are encouraged to look at the ASA Website regularly and please provide feedback to the Secretariat of any activities that is relevant to be included on the website.

Please contact us through your SIG chairperson, secretariat or email



Sadasivam Suresh

sadasivamsuresh@gmail.com for all membership related queries.

Wishing you all a safe and happy festive season.

Sadasivam Suresh
Chair Membership Committee

New Zealand

Sleep in Aotearoa attracted 57 delegates, sleep practitioners and researchers to the inaugural ASA NZ branch meeting held jointly with ASTA NZ in Wellington.

A sense of shared purpose was clear from the outset when Sarah-Jane Paine, Research Fellow at the Sleep Wake Research Centre delivered a challenge to provide equitable services for the management of obstructive sleep apnoea in New Zealand. It is anticipated that the results of this research and the DHB wide survey will help inform future New Zealand sleep health service funding and planning.

A number of excellent clinical service presentations detailed creative approaches being used to deliver sleep services to adults and children from around New Zealand. From primary care Alex Bartle (SleepWell

NZ) shared his experience in the measurement and management of insomnia.

Wayne Gillingham provided an excellent review of the evidence for surgical treatments of OSA, outlining a practical multidisciplinary model for evaluation and treatment. Wayne's participation was greatly appreciated and signalled growing New Zealand interest from surgical and dental colleagues providing evidence based alternatives to CPAP therapy.

Presentations by Kathy Ferrier and Alister Neill reflected Trans-Tasman research collaborations. Kathy, a Hutt Valley Health Cardiologist with expertise in cardiac MRI is Wellington's site investigator for SAVE, an important prospective randomised control trial of CPAP in patients with cardiovascular disease. Alister is New Zealand's lead investigator in the NOVANZ study, and presented results showing the



Michael Hlavac

New Zealand prevalence for NIV prescription to be similar to metropolitan Australian centres. Differences were found with more New Zealand NIV patients having obesity hypoventilation and having obstructive lung diseases. New Zealand centres were less likely to measure trans-cutaneous CO2 and had lower staffing levels. The NOVANZ study group aim to extend this research to develop a more detailed database of patients on NIV in Australia and New Zealand.

An excellent symposium brought together Maternal and Paediatric

sleep researchers. Dawn Elder from WellSleep and Senior Lecturer at the University of Otago brought the issues of sleep apnoea definitions into sharp focus summarising the series of important studies examining neonatal and infant sleep breathing patterns. Bronwyn Sweeney from the SleepWake research centre outlined the methodology and preliminary descriptive data of the PIPIS project which is an ambitious randomised trial of sleep education initiatives in first time mothers. Alana Harper from the Christchurch Sleep Unit presented results from a national survey of paediatric sleep services, indicating a clear need for increased sleep service resourcing, national standardisation of laboratory practices and accreditation.

Spanning the age spectrum Rosemary Gibson, from the SleepWake research centre provided a very interesting insight into sleep issues at the other

end of the age spectrum when she reported the results of research examining for the nature of sleep problems in community dwelling people with dementia and their caregivers.

Angela Campbell organised an excellent meeting and presented the first of two papers again from the WellSleep group examining ethnic disparities in CPAP usage. Angela concluded that some of the differences in Maori vs non-Maori CPAP use were due to lower socioeconomic status and education levels. Michi Imazu from the same group paper showed that Maori have shorter total sleep time, an additional important cause of the observed differences in CPAP use.

Michael Hlavac encapsulated the enthusiasm and energy evident at this meeting in his summary address. It was clear to all of those who attended that the future of sleep

health in New Zealand would be best served by forming an association of New Zealand sleep clinician, scientists and researchers. Given the important role that both the ASA and ASTA have had in the genesis of sleep medicine in New Zealand it is appropriate that we work with these organisations to determine some of the potential future structural options.

It was agreed that Wellington would be an excellent meeting venue for 2012 and that Michael Hlavac, along with other New Zealand sleep subcommittee members, would continue discussions to develop a viable set of options which the group could vote on at a future point to determine the most appropriate makeup of a "New Zealand Sleep Association".

Alister Neill
Michael Hlavac

Wednesday the 26th overlapped as the Advanced OSM course. The room was filled to capacity with over 100 delegates from all over Australia and even some internationals from Germany, New Zealand, Hong Kong and the USA in attendance. Our invited lecturer Jonathan Parker was extremely well received and we thank Jonathan for his 3 presentations that were all excellent. Jonathan was more than generous with his time and knowledge as an extremely well respected and experienced clinician.

Jonathan is the President Elect of the American Board Of Dental Sleep Medicine and it was timely that we had the opportunity to speak to Jonathan about their ABDSM Board Certification processes and Dental Sleep Medicine Facility Accreditation that is occurring in the U.S.

An article highlighting the latest research and knowledge in dental

Special Interest Group News

Dental Orofacial SIG

The Dental Orofacial SIG had a busy year culminating in the ASA Conference in Sydney.

Preceding the main meeting the 4th Oral Sleep Medicine Course "Dental as Anything" was held from the 24th - 26th October and was well attended with 80 delegates registered for the full 3-day course.

A special thank you to the course organizers namely Andrew Gikas, Keith Burgess, Greg Reynolds and Joachim Ngiam who gave up their time to help educate the dental

profession ensuring a successful course. The course could not have been a success without the input of the 22 speakers who were generous enough to present on sleep/dental topics within their expertise. This year we also experimented with a live feed from the Austin Sleep Lab in Melbourne. Thank you to Tom Churchward, Judy Casey, Justin Stickels (the patient) and all the team at the Austin for bringing the sleep lab to the delegates. The technology to do this is now available to us and will allow us to have further interactive sessions.

The third day of the OSM course on

sleep medicine, as presented on the Advanced Day, will appear in the December Edition of the Australian Dental Association News Bulletin. Once this becomes available it will be linked on the members only pages of the ASA website, under the DOSIG section.

Our annual lunchtime DOSIG business meeting was held on Thursday 27th where a number of topics were discussed. We are happy to report that the future of the SIG is in excellent hands with a number of our group volunteering to write future newsletter articles, update the website and plan the up and coming new year's programs. If you are interested in attending a local dental sleep meeting in your state please let the ASA know - email admin@sleep.org.au with a header of "DOSIG Meetings."

A very special thanks to Joachim Ngiam, Ramesh Balasubramaniam and Peter Cistulli who presented at the DOSIG Symposium. It was a great and informative session where up to date research in Dental Sleep Medicine and Bruxism was heard. As usual the main ASA meeting had some great research on display. One of these was Craig Phillips oral presentation "A comparative effectiveness trial of CPAP vs. OAT in OSA" a randomized crossover trial of 150 patients showing non inferior outcomes for the MAS (in regards to Quality Of Life, Blood Pressure, ESS etc) in moderate-severe OSA and patients preferred the MAS.

Lastly, thank you to all who attended Sydney, thanks to our sponsors (M.D.S.A, SomnoMed and The Dental Solution) and of course to Stephanie, Helen and Myf for all their work. Please feel free to email any suggestions for future symposiums, meetings, newsletter articles and website links that may be of interest to the membership.

Andrew Gikas and Keith Burgess

Chronobiology SIG

Chronobiology featured highly at the ASA meeting in Sydney in October.

Key national and international speakers presented on topics that ranged from the role of circadian genes in the timing of sleep (Associate Professor David Kennaway, University of Adelaide) to the latest findings relevant to the treatment of circadian rhythm sleep disorders (Associate Professor Helen Burgess, Rush University; Associate Professor Shantha Rajaratnam, Monash University; Dr Robert Auger, Mayo Clinic College of Medicine; Professor Leon Lack, Flinders University of South Australia). Chronobiology also featured in the New Investigator session (PhD candidate Gemma Paech, University of South Australia) and a number of poster and oral presentations. We thank the conference organizers for doing a great job in Sydney and putting together a great program.

We at the Chronobiology SIG believe that the circadian timing system is important for all sleep and health-related fields. Understanding the way the system works when it is healthy assists in the diagnoses of illnesses or disease states that arise from disrupted rhythmicity or misalignment with the external environment. We are working with the education committee of the ASA as well as the National Sleep Foundation to provide material that can be accessed by GPs and the general public to increase awareness and understanding of the role of the circadian timing system in health and well-being.

Yours in sync!

Melinda Jackson

Insomnia and Sleep Health SIG

The Insomnia & Sleep Health News Update link has been up and running for most of 2011.

Dr. Bei Bei from Melbourne University has worked tirelessly to add new posts each week of recently published abstracts, articles, podcasts, and other interesting resources relating to insomnia and sleep health. We thank all SIG members who have followed our updates and given us feedback. We would like to encourage more SIG members to explore and utilize this resource by following, subscribing to, or bookmarking the page.

Because of the changes Google is making to its services, the news update has moved to a new location, and is currently on Google Plus. Before this change happened, we had 21 followers using Google accounts, but we don't have information on how many people are accessing via RSS readers or bookmarked web pages. Detailed information on how to follow our news updates is included below.

Recently the following article was published in the International Journal of COPD (2011:6 625-635) "Cognitive behavioural therapy for insomnia comorbid with COPD is feasible with preliminary evidence of positive sleep and fatigue effects." by Kapella, MC., Herdegen, JJ., Perlis, ML., Shaver, JL., Larson, JL., Law, JA., and Carley, DW.

The article reports that many people with COPD have difficulties falling asleep and/or staying asleep and also that many patients complain of insufficient and non-restorative sleep. The study examined the feasibility of using CBTi in people with insomnia comorbid with COPD. The use of CBTi in this population is not new, but its effectiveness has not been

examined previously using a prospective two-group, pre- and post-test design with random assignment to treatment groups. In the study participants (n=14) were randomly assigned to either six sessions of CBTi or six sessions of a wellness education program (n=9) with both interventions provided by a nurse behavioural sleep medicine sleep specialist. The study found significant positive treatment effects for CBTi in terms of the following variables; insomnia severity (P=.0005), global sleep quality (P=.002), wake after sleep onset (P=.03), sleep efficiency (P=.02), fatigue (P=.005), beliefs and attitudes about sleep (P=.0005) and depression (P=.005). The authors concluded that using CBTi in COPD is very feasible and that the results compare favourably with those obtained for older adults with insomnia comorbid with other chronic illnesses.

Gerard A. Kennedy

How to receive the Insomnia & Sleep Health RSS updates

Method 1 (Recommended!). Follow us on Google Plus (plus.google.com) using your Google or Gmail account. Once you are on your Google Plus homepage, look for us by typing "InsomniaSleepHealth NewsUpdate" in "Search Google+" box on the top of the page. You can also make comment and share content with others. (Your personal information e.g. name, contact details will NOT be visible to other followers.)

Method 2. Bookmark the following page and view on your web-browser. <https://plus.google.com/102180333350465492756/posts?hl=en>

For our previous followers on RSS feed readers, Google Buzz, or Google Reader, these options are no longer

available due to recent changes Google made to its services. Older posts can still be accessed at <https://plus.google.com/102180333350465492756/buzz?hl=en>

If you have any suggestions, questions, or would like to recommend resources to other members, please email us at: insomniasleephealth@gmail.com

Bei Bei

Neurology SIG Sleep spindles and you

Trouble sleeping because of ruminations about sleep spindles?

What do sleep spindles represent beside being a definitive marker of N2 sleep stage, and a putative EEG manifestation of thalamocortical activity?

Should we be paying more attention to sleep spindles as an EEG marker of intelligence and sleep-dependent memory consolidation?

I have had recent cause to think on these and other spindle-related matters in the context of reviewing a paper submitted for publication in a sleep journal. My quest for some illumination on the sleep spindle as it manifest in various aspects of sleep medicine science led me to a recent review of the issues by Fogel and Smith in *Neuroscience and Biobehavioral Reviews* (35 [2011] 1154 – 1165): The function of the sleep spindle: A physiological index of intelligence and a mechanism for sleep-dependent memory consolidation. I recommend this comprehensive review paper for your scientific delectation.

In addition to reviewing the neuroanatomical aspects of declarative memory and procedural

memory, Fogel and Smith remind a general readership of the sleep stages across the sleep period (nothing new here), and then get into some detail regarding the sleep spindle, its topography and temporal distribution across a major sleep period, its modulation by factors such as age, stage of menstrual cycle in females, the distinction between slow and fast sleep spindles, and the putative reciprocal relationship between sleep spindles and slow wave activity.

Most fascinating (and new for me) was the consistent pattern of sleep spindle density in an individual from night-to-night and the described connection between sleep spindle density (and sigma power) and general intellectual ability as measured by standard tests of intelligence. Both human and animal data support this body of evidence. The authors then elaborate in some detail on the data connecting sleep spindles and both procedural and declarative memory consolidation.

In their conclusions Fogel and Smith suggest future potential avenues of research regarding sleep spindles particularly as applied to memory and intelligence. While there is very limited sleep spindle data in subjects with intelligence and development disorders, the field seems wide open for an expansion of sleep spindle science into some of the more common sleep disorders such as sleep disordered breathing, insomnia, etc.

Peter R Buchanan

Paediatric SIG

We had a very successful conference from a paediatric perspective at Sydney.

It was well attended and there was a great mix of research and reviews available for the paediatric audience.

We have had a change of guard with A/Prof Rosemary Horne taking over as co-chair from Gill Nixon for Paediatric SIG. I will continue as the other co-chair. Dr Oon Hoe Teoh from Singapore has been nominated to the conference committee. Gordon Williams is willing to assist with website content related support.

The ASA/ASTA commentary on AASM guidelines is now ratified by the board and available on the website. <http://www.sleep.org.au/document/s/item/218>. Thanks to Dr Yvonne Pamula for presenting the work at the plenary.

We had overwhelming support from the SIG membership for Australia to bid for the 3rd IPSA (International Paediatric Sleep Association) congress in 2014 and after robust discussion, Sydney (many votes) pipped Melbourne (few votes) and Brisbane (1 vote!) to be the bid city. The bid has now been prepared and submitted after support from the ASA board. Thank you to all of the SIG members who have given their names to be in the working group for the conference, which I am sure will be a great success if we are successful in our bid.

The accreditation transition to NATA is in progress and Dr Andrew Wilson from the clinical committee has formed a working group to produce the standards in performing sleep studies document. Queries to be directed to Andrew.Wilson@health.wa.gov.au.

We have the new PREP training curriculum in place and the new formative and summative assessment tools are mandatory for new trainees. Also a Sleep trainee now needs to have the training in minimum of 6-month blocks. If you have any queries regarding RACP STC (now called ATC) related issues please contact Andrew.Wilson@health.wa.gov.au or sadasivamsuresh@gmail.com

Could all members check the ASA website for site specific information and give feedback so that we have up-to-date information on the website.

Please forward comments queries to either sadasivamsuresh@gmail.com or rosemary.horne@monash.edu.

Sadasivam Suresh

Respiratory SIG

WHICH TYPE OF CPAP PUMP SHOULD MY PATIENT USE?

There is a wide range of CPAP pumps available for sleep apnoea patients to purchase with different brands, a variety of accessories, extras and models, and of course whether to get a fixed pressure or automatic device. Who makes the decision about which pump a patient gets can be quite controversial. Should it be the treating physician, the CPAP therapist, sleep scientist or technologist, the CPAP retailer or the patient him or herself? Does it really matter?

Some would argue that it should be the treating physician as he/she is in the best position to assess the clinical situation, the type of obstructive sleep apnoea present, and so recommend the most appropriate treatment. But the physician does not have to use the device, and may not be in the best position to balance the financial costs involved for the patient and the perceived comfort of the different types of machine in an individual. Also some sleep physicians have a conflict of interest in that they or their organization receive some money for CPAP machines sold.

Perhaps the CPAP therapist, sleep scientist or sleep technologist is the best to decide. He/she is probably most familiar with the wide variety of pumps available, and as happens in many sleep laboratories which do not sell or hire pumps, is free from

commercial bias. But again he/she may not be in the best position to understand the patient's financial situation and subjective perception of comfort.

In reality, the CPAP retailer is going to have a major influence. If there is a limited choice of retailer, and the retailer has a limited range of pumps, then obviously there may be some models not available to the patient to choose. The retailer is also in a strong position to discuss the financial arrangements of buying and hiring with the patient. As the final decision on these issues will be made directly between the retailer and the patient, the integrity of this relationship is important. Some retailers have well trained and experienced staff who can appropriately advise patients. and despite the obvious commercial conflict, do this in a responsible way. Unfortunately there are also retailers who are perhaps more interested in the sale than anything else.

Finally, maybe the patient should have the final say. After all, it is he/she who will need to actually use the device, and it is his/her money that will be departing his/her bank account. But how can someone who has perhaps never heard of CPAP until recently understand all the complexities of the wide range of CPAP pumps available with the strange language and acronyms that go with it? He/she is potentially vulnerable and easily led astray.

A team approach is probably best with team members knowing each other and working together with a properly informed patient.

Obviously I am not silly enough to answer these questions directly as there is no one correct answer and I respect everyone's right to their own opinion. I do urge people to think about this carefully and discuss this issue with colleagues.

Christopher Worsnop

Around the Organisations



David Hillman

Sleep Health Foundation



This is the first ASA newsletter since the October ASA (and Sleep Health Foundation) meeting and I have a few matters to update you on.

Sleep Health Education Grant

The winner of the inaugural Sleep Health Education Grant was announced at the October annual general meeting. This grant has been created to help transfer new and established knowledge in sleep health and sleep biology to health professionals (outside of the sleep area) and/or the public at large. The award is for \$20,000, to be spent over one year. We were delighted to receive 11 high quality applications for this. They were diverse in scope and target audiences.

The successful application was from a group of researchers and clinicians based at the University of Newcastle and the Newcastle Sleep Disorders Centre, led by A/Prof Christine Paul. The title of their grant was "Evaluating the acceptability of a web-based approach to improve

knowledge transfer to general practice regarding care for sleep disorders". They intend using web-based methods to maximise knowledge transfer regarding diagnosis and management of sleep disorders at the important "teachable moment" that occurs when primary care and specialist practice first share a clinical problem. Christine's co-investigators are Prof Michael Hensley, Dr Jeffery Pretto, Dr Mariko Carey, A/Prof Frans Henskens and Dr Tara Clinton-McHarg. If this approach proves successful it is hoped to roll it out to other centres, improving non-specialist awareness of sleep and sleep disorders.

Heartiest congratulations to the winning team and many thanks to the other applicants. It should be noted that this team will have a representative on the ASA GP Education Sub-Committee, so the two groups can share their knowledge.

Public Education

The SHF website development (www.sleephealthfoundation.org.au) continues on apace. Graphic art is now being completed on all the information sheets currently posted on the website (27 "A-Z sleep topics" and 11 "tip sheets") and working on a further 18 new "A-Z topics". We will post the enhanced sheets very soon. These will be in a freely available downloadable form for the use of your patients. We were very pleased with the response to them from visitors to our stand at the Sydney meeting and think they will prove a useful authoritative yet simple to read source of information for the community members.

Once the SHF website has undergone

these further improvements, the next task will be to ensure the community are aware that this information is there for them. All ASA members can play a helpful role in this by making sure patients are informed about its availability. Tools will be developed to assist you in doing this.

Furthermore, SHF is looking for volunteers to develop and implement a social media program for the Foundation. Twitter and Facebook are now well bedded communication tools and there will be enthusiasts out there who can address a current gap in communicating sleep issues with young Australians, in particular the 18-26 age group, who have embraced social media. Are any of you able to help to develop a communications programme using social media? If so, please contact me, Helen or Stephanie through the office email: admin@sleephealthfoundation.org.au.

Other Work

SHF has a number of other projects on the move at present, including upcoming release of a contemporary estimate of the economic cost of sleep disorders which we commissioned Deloitte Access Economics to undertake. There are compelling data here and SHF looks forward to getting it out there for the information of the community... and their leaders.

For those ASA members who have not yet joined the foundation, it would be great if you could consider doing so. Visit our website for further information www.sleephealthfoundation.org.au.

David Hillman

Chair, Sleep Health Foundation

Australian Society for Medical Research (ASMR) Update

On 31 October, at Parliament House The Honourable Mark Butler, Minister for Mental Health and Ageing launched an exciting new report entitled "Returns on NHMRC Funded Research and Development" by Deloitte Access Economics.

This independent report which examined the economic benefit to 2050 as a result of NHMRC investment in health R&D between 2000-2010 across the five diseases: cardiovascular disease (CVD, including stroke); cancer; sudden infant death syndrome (SIDS); asthma; and muscular dystrophy (MD).

The report shows that the past decade of investment through NHMRC has the potential to return considerable benefits, including:

- **Gains in wellbeing:** aversion of 98,426 disability-adjusted life years (DALYs) valued at \$6 billion
- **Avoidance of direct health expenditure costs:** the avoidance of \$581 million in direct health system expenditure
- **Reduction in indirect costs:** aversion of \$385 million in indirect costs, including productivity losses incurred through premature mortality and morbidity related reductions in workforce participation
- **Commercialisation:** Estimated commercial benefit across the disease groups is \$1.6 billion

The findings of this report suggest NHMRC funded R&D has the potential to avert a significant proportion of the burden of disease in Australia, which is borne primarily by individuals through morbidity and

mortality, but also by society through increased demands on health services.

Emma Parkinson-Lawrence
ASMR President

Australasian Sleep Technologists Association

President takes on another



term: Brett Duce has embarked on a second 3-year term as ASTA President. In his own words, he is keen to see out several key projects that are now underway in that time.

He is an asset to ASTA and our profession in general and his generous contribution of back-to-back terms will undoubtedly advance both.

Membership: A constitutional change, introducing new minimum qualification and experience requirements for ordinary membership was passed unopposed at the AGM. This means ASTA is now aligned with other scientific bodies and is able to define our profession and who our professionals are, while, importantly, maintaining the open-door philosophy for all interested people through an appropriate new range of membership options.

Reflections on Darling Harbour: The meeting in Sydney was a great success. The ASTA-run PG course in staging and scoring was a sell out. A credit to all 75 who attended, really, to find the time and money to attend what was a very courageous exercise, in tackling a core part of our scientific roles and making it the constructive process that it was.



Saul McWhae receives ASTA ResMed Award from Adrian Van Gogh, ResMed

The conference itself was of a fantastic standard and the momentum of work, which has increased substantially in the last 15 years, continues to surprise (and enlighten) me. I gather the ASTA symposium was also very well received.

I know several ASTA members were "all ears" at the lunchtime laboratory-accreditation session and I know I speak for Brett and the wider ASTA membership in applauding Nick Antic and the team for their extensive work in facilitating continued improvement (and recognition thereof) of sleep service standards.

Last but not least, congratulations to Saul McWhae, the winner of the tremendously generous second annual ResMed ASTA Education Scholarship.

Darwin, 2012: The next evolution of our combined meeting.

Next year's meeting is in Darwin, which promises to be a great location, not only for the weather, but also as it's at a superb, modern facility. I understand the meeting will have a substantial clinical focus and aims to attract added attendance from neighbouring countries, given the geographical proximity. Don't forget to bring your runners for the fun run/walk!

Tom Churchward
ASTA Secretary

Sleep Disorders Australia

The NSW Branch of Sleep Disorders Australia (SDA) is organising and conducting a series of Education Sessions in 2012.

These sessions will concentrate on Sleep Apnea and CPAP treatment and include a short overview on OSA, its symptoms, diagnosis and treatment options. The bulk of the afternoon will be taken up with CPAP - its usage and its benefits - and include an interactive questions and answers period. This will be particularly useful to new users of CPAP during that difficult period of learning to live with a "hose on the nose".

Much of the question and answer

period on CPAP will be taken from the SDA Fact sheet on CPAP prepared by Dr Andrew Thornton and the presenter's own experience. Among the questions that we would expect to be asked and answered are questions such as "Is CPAP Dangerous?" and "Do I need to use CPAP all night?"

The presenters will be members of the NSW Branch Committee who are all CPAP users and have had up to 20 years of experience using CPAP in addition to answering questions on the SDA "Buddy" help line by telephone, mail and email. SDA feels that in addition to new users of CPAP there may also be some value for those patients who believe they may

have sleep apnea, and newly diagnosed sufferers waiting for their second sleep study. However any interested people would be welcome to attend our sessions. Sessions will be limited to a maximum of 15 sufferers (plus partners where appropriate)

Bookings will be essential and can be arranged by telephoning Les Louttit on 02 9896 6102.

ASA members are invited to bring these meetings to the attention of NSW patients they feel may benefit.



Sleep Disorders Australia

ABN:98 075 427 459



Sleep DownUnder 2012



SLEEP UP+OP

Darwin Convention Centre 10-13 October 2012

Guest Speakers:
Prof Eve Van Cauter, University of Chicago, USA
Prof Patrick Lévy, University of Grenoble, France
And Oral Sleep Medicine Course
 7-9 October 2012
www.sleep.org.au

24th Annual Scientific Meeting of the Australasian Sleep Association

 24th Annual Scientific Meeting of the Australian Sleep Technologists Association

SLEEP UP+OP

Sleep DownUnder 2012

Darwin Convention Centre 10-13 October

Guest Speakers

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Prof Patrick Lévy, University of Grenoble, France

Call for Symposium

Open now. Closes 3 February 2012

Call for Papers

Abstract submissions open 2 April 2012, close 1 June 2012.

Please check the ASA website regularly for updated conference information: www.sleep.org.au