

## Newsletter March 2011

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#### 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 REPORT



What is happening in our world? The natural disasters over the last few months have touched us all one way or another. Our full support goes to all those affected, be it by the flooding in Queensland and Victoria, the earthquake in Christchurch or the devastating events more recently in Japan. A small number of our members have been directly touched but I am pleased that none (or their families) have been injured. It was shocking to see buildings familiar from the last Annual Scientific Meeting in Christchurch now in ruins but the thought of the large number injured or killed is

heart breaking. As I circulated by email, the ASA Board recognises that there will be financial impact for those members directly affected, regardless of insurance cover. We are offering support in terms of membership fees and conference registration costs for at least the next 12 months for those few directly affected.

The venue of the Worldsleap 2011 meeting in October is Kyoto, Japan. I have passed on my support to the President of the Asian Sleep Research Society, Professor Okawa, as her country struggles with the devastating effects of the earthquake and tsunami. It is too early to know of any impact of the disaster on Worldsleap 2011 but we will advise the membership as information is received. Unless circumstances change, the ASA will support this meeting by offering competitive travel grants to the value of \$1000 for members presenting their original research who do not qualify for grants from Worldsleap 2011.

The governance of the ASA, as a Company Limited by Guarantee with a Board structure, is now two years old. The time has come to evaluate the direction that the association should be heading. The Board recently underwent a Strategic Planning Meeting to consider this direction under the guidance of Associations Forum, of which we are a member. The strong message that emerged from this planning was the need to strengthen and build the ASA Office. As an organisation, we rely heavily on the enthusiastic volunteers in all parts of the association, including the Board, Committees/Sub-committees and Special Interest Groups. Members in these roles have developed some exciting ideas and strategies. In many cases, the delivery of these ideas has depended on the member finding time in their already full schedule to do the hands-on work. This limits the delivery of these ideas into member services. The Board feels that an expanded office can take on a lot of the hands-on burden away from the members in the Committees/SIG's, freeing them to do what they do best and in doing so, improve the translation of ideas into delivered services for the membership. For example, the office should be responsible for the scheduling of meetings, management of documents, management of timelines of projects and liaising between the Committees and third parties (including sponsors of meetings). Of course, an increased Office work-force comes with higher recurrent costs, however in the long term the experience of other organisations has been that a more effective Office can really pay for itself. We are currently undertaking a Needs Assessment for these expanded office services with the Committees and Special Interest Groups, which will help plan the Office requirements.

The possibility of a partnership between the ASA and NATA to jointly accredit sleep services is still under evaluation, taking the feedback from the previous membership consultation. Nick Antic, as the Chair of the Accreditation Sub-committee, has been exploring the fine details of such a partnership and the Accreditation Sub-committee will soon consider the viability of this arrangement. There are enormous benefits but the crucial elements are often in the fine detail.

Contin from Page 1.....

Although still enthusiastic about an ASA-NATA partnership, the ASA will not commit itself until the fine details are explored and all potential consequences considered. Thanks to Nick for his hard work.

Dealing with the machinations of government also takes time. One key area of focus is the public funding of unattended sleep studies. As you would be aware, the Medical Services Advisory Report of March 2010 was quite supportive of unattended studies in the diagnosis of sleep apnoea in both the referred and unattended settings. We are currently building a case for public funding based on the MSAC Report itself, which demonstrated safety, efficacy and cost-effectiveness for this technology. We need to consider the role of primary care, which featured quite heavily in the MSAC Report. This is under consideration by the Clinical Committee currently. There was a strong and consistent message from the membership at the Christchurch Annual Scientific Meeting in various forums. The burden of sleep health cannot rest entirely in the shoulders of highly specialised sleep clinicians and Primary Care need to be engaged. However, greater engagement of Primary Care in sleep health must be accompanied by greater training and some form of accreditation. A larger base of essentially untrained service providers will not advance the health of our patients or the Australian and New Zealand communities. We are not helped by the Commonwealth shifting the goal posts of Health Reform in primary care. I have been liaising with the Australian Medical Association and their support so far has been very helpful.

Another challenge ahead is to increase the independent profile of our field, both in professional and research senses. Sleep is not yet recognised as a distinct field by the Australian Research Council, which creates difficulties in the evaluation of sleep science research proposals for Commonwealth funding. Furthermore, the Australian Medical Council only recognises the medical specialty of Respiratory/Sleep Physician, failing to note the separate training pathways in Sleep Medicine and Respiratory Medicine. This has been a source of contention in recognising Sleep Physicians without a Respiratory Medicine background in the national registration process. We will continue our advocacy for both of these positions. Indeed, the machinations of government do move slowly...

Craig Hukins  
President

## CLINICAL COMMITTEE

### Laboratory Accreditation

There is much work continuing and much still to be done.

- Our MOU with NATA has been signed by both parties
- I have in front of me a draft document about to go to the Accreditation Advisory Subcommittee for comment around morphing our current ASA Accreditation documents with ISO17025 standards
- Accreditations continue with quite a few of our members continuing to pursue traditional ASA accreditation.

### National Road Safety Strategy Response

The Clinical Committee has submitted a response to this National Road Safety Strategy Document. There was very little written in their document around the impact of healthy sleep, sleepiness in general and sleep disorders on motor vehicle accidents. I must particularly thank Dr Simon Smith for his excellent work with this document

### Enable NSW supply of Ventilation Equipment

Some of our members have expressed concern that seeking funding for ventilation devices via Enable is most difficult. I note EnableNSW have produced a document entitled "Adult Continuous Ventilation guidelines" for comment. This document seems to be more about long term ventilation of complex sleep breathing disorders, not CPAP for OSA. If members have concerns about the supply of ventilation equipment in NSW please let me know. A Nationally funded model for medical devices remains on the agenda

### HIC Funding for Simplified Diagnosis of OSA

As you will see from the President's report ASA is trying to find a way forward to allow appropriately credentialed individuals some access to a Medicare funded simplified diagnostic item number for OSA. For such a prevalent disease we need simpler ways to accurately diagnose and treat some of our patients and this is the overarching intent of such a process. This important work is now in front of the Clinical Committee

### Commentary on the AASM PSG Scoring Guidelines Version

Version 1.7 has been accepted by the Board and is now on our website. The different ways we measure sleep disorders (in particular hypopneas) confounds our field greatly. I encourage you to read and hopefully adopt these guidelines as Australasian Sleep Medicine services try to get some consistency in measurements across the 2 countries

Nick Antic  
Chairman Clinical and Laboratory Accreditation Committees

## EDUCATION COMMITTEE

### **Better Health Channel ([www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au))**

The ASA has signed up as a content partner with the Better Health Channel, a Victorian State Government website that aims to provide health and medical information to help individuals and their communities improve their health and wellbeing. Being a content partner involves periodically reviewing the information provided on the site about sleep and its disorders, to ensure that the information is correct and up-to-date. We see this as one way to raise the profile of the ASA and contribute to the better understanding of sleep and sleep disorders in the community.

**The Behavioural Management of Sleep Disorders (Psychology) subcommittee and the General Practitioner Education Subcommittee** continue their work in promoting sleep education to psychologists and GPs. We thank the members of these committees for the time and energy they give to this work and the ASA membership as a whole for supporting some of the initiatives.

### **New trainee member for Committee**

We are seeking an enthusiastic person to join the Education Committee as a trainee representative for this year. This person can be a clinical or research trainee or student. Please contact me on [gillian.nixon@southernhealth.org.au](mailto:gillian.nixon@southernhealth.org.au) if you are interested or would like to propose someone.

### **Postgraduate courses**

We thank the membership for putting up some exciting PG course proposals this year. The courses that were chosen and their proposers are as follows:

- Chronobiology in Clinical Practice – Naomi Rogers
- Scoring & Staging Polysomnograms in Australia and New Zealand – ASTA – Teanau Roebuck
- Overview of Sleep Medicine - for trainees and those starting out in the field– Benjamin Kwan – in partnership with the TSANZ

These courses will run on Wednesday 16 October, immediately prior to Sleep DownUnder 2011 in Sydney.

Gillian Nixon  
Education Committee chair

## CONFERENCE COMMITTEE

Planning for the 2011 Annual Scientific Meeting in Sydney, October 27-29 is well underway. We are eagerly looking forward to talks from our international invited speakers, Chris O'Donnell and Terri Weaver. The breadth of topics in the symposia and plenary sessions will challenge us all and the breakfast sessions will cover a range of topics in an informal setting. We will again have four post-graduate courses preceding the meeting.

The highly successful **Oral Sleep Medicine course** will be held October 24–26, 2011, with Dr Jonathan Parker presenting several of the talks. Dr Parker is a highly regarded dental clinician / educator and we are delighted that he has agreed to come to our meeting. Basic aspects of oral sleep medicine will be covered in the first 2 days followed by an advanced course on Wednesday October 26.

There will be three, one-day postgraduate courses on Wednesday October 26 as above.

There will also be a Fun Run on Saturday, October 29 starting at 7am.

The meeting will conclude with a Gala Dinner in the evening on Saturday, October 29.

We look forward to seeing you all in Sydney in October.

Maree Barnes  
Conference Chair

## RESEARCH COMMITTEE

### The Importance of Peer Review

At this time of year most researchers are focused on grant writing and the challenges and stresses associated with this process: dealing with RGMS (or similar), getting feedback from collaborators and the research office, chasing signatures and of course writing the grant. Once the grant is submitted there is the usual, brief feeling of relief and exhaustion, and for many the question "What are my chances of getting a good review and being funded?"

Come June/July when we receive feedback and start writing rebuttals the complaints against reviewers and the funding agency start, "how could they misinterpret this?"; "this comment is unfair"; "this reviewer seems biased"; "why did I only get one review instead of two or three?" This last point has become more common over the past couple of years, and unless we start to take a more active role, will likely continue.

Everyone is busy, with work, family, social activities, sport etc., and the thought of reviewing grants can seem like an onerous task, something that will just take up too much time. The problem is that if the majority of people think that way we end up with too few reviewers, grants only getting one review instead of two or three, reviews done by people whose area of expertise is not sleep, reviews being rushed and coming in at the last minute leaving limited amounts of time to prepare and submit rebuttals - oh wait, that is what is happening, or at least it was last year.

While there are a number of valid reasons why we may be unable to review a grant, eg conflict of interest with CI's, being sent your own grant to review, many people do feel under time pressure and refuse to review, or simply do not respond to requests to review. The same thing happens with reviewing articles for journals. The problem arises, however, when most people take this approach - we are left with our grants being reviewed by non-experts, and receiving too few reviews, upon which final funding decisions are then made.

Although grant funding is a competitive process, and there is a limited pool of funds available, reviewing grants needs to be seen as helping to support our field and promote our science. When reviewing a grant in our area of expertise - sleep - we need to provide an objective, constructive, even supportive review. I'm not saying to go overboard and rave about all grants, especially those that do not constitute good science, are poorly designed or not supported by the preliminary data or current literature, BUT for those grants that are well written, represent good science and have the potential to move the field forward, or translate findings into new clinical practice or policy we need to provide positive reviews.

Though not observed across the board, some people hold the view that their science, research and grants are the only good ones, and the only ones that should be funded. For people with this mindset, the review process provides an opportunity to demonstrate how inferior they feel other people's research to be and how poorly designed their studies are. This is **not** the approach we should be taking. Objective, balanced, supportive reviews of grants assist our field in general, as well as the people receiving those reviews. This negative attitude can be passed down to younger generations of researchers, who are starting out or yet to start in the reviewing process.

Given that often our sleep related grants are reviewed or assessed at the final stage with other areas (here I am using the NHMRC as an example, where sleep grants go to the same panel as Respiratory and Pharmacology grants), our grants are seen by experts in other areas, who play a significant role on the final decision of whether to fund or not. If all sleep grants are highly criticised and deemed unfundable, then that is exactly what will happen - they will not be funded. If the grants from these other specialist areas are viewed as stronger, with more positive reviews, then the poorly reviewed sleep grants will receive little support at panel, and the chances of having our researchers, and hence our field, supported will be significantly impacted.

The NHMRC has stated on its website that it aims to improve the peer review process in 2011. "Peer review is critical to health and medical research. ([nhmrc.gov.au](http://nhmrc.gov.au))

Your help with peer review is needed:

- High quality peer review is a collective effort by the health and medical research community.
- Fair and expert decisions about which grants to fund relies on researcher participation.
- External assessments are critical for the NHMRC Project Grants system.

Since most GRPs have a wide diversity of grant applications to assess, it is important that they have access to expert, peer review comments from assessors in the specific fields for all applications. Good external reviews mean that each application has expert assessment regardless of whether there is a close fit between the expertise of the particular GRP spokesperson and the field of the application. Each year, so many Australian health and medical researchers contribute many hours selflessly to the GRP process - for this NHMRC and fellow members are very grateful."

We need to be willing to give our time to participate in the peer review process, and to be objective and supportive in our reviews. Making constructive suggestions where needed and positive comments where warranted also

**RESEARCH COMMITTEE contin.....**

assists the submitting researchers in refining their grants and protocols, and potentially increases their chances of receiving funding in the future. For the more senior researchers who are currently actively engaged in the grant peer review process, we need to encourage the next generations to become part of this process, and provide training and guidance into how to be a fair and objective reviewer, whether it be grants or journal articles or abstracts.

If you are asked to review grants or articles, please consider carefully before declining the invitation. The time you spend positively reviewing material can assist to raise the profile of sleep related research.

Naomi Rogers  
Research Chair

**MEMBERSHIP COMMITTEE**

ASA membership numbers continue to grow at a steady rate. It is encouraging to hear from new members that have followed up from last years ASM on their desire to become full, associate or student members of the ASA. We can all play a role in promoting the ASA to potential members and it is encouraging to see this occurring within all groups involved in sleep medicine and sleep research.

New members receive a welcome pack, a copy of the ASA newsletter, emails, e-news updates. Further access to the members only section of the ASA website. Discount member rates for the Annual ASA Conference and Post Graduate courses. The option of a listing in the membership online directory and members services section of the website. The choice to join any SIG and receive further online content that may be available through each SIG.

**ASA website**

Members are encouraged to regularly log into the members only section of the website. Andrew Chan continues to update the "Journal Watch", the Insomnia and Sleep Health SIG has started an RSS news feed and member survey and the Dental Orofacial SIG continues to update its reference list of articles of interest.

Gillian Nixon and the education committee have added content in the form of facts sheets for health professionals that are available to download and print.

The membership committee is considering ways of improving the web site and each option has raised its own unique limitations. The ASA Board has recently reviewed a proposal for an upgrade to the membership database and website and are keen to hear from members that may have any suggestions on what they would like to see added to the website. The SIG chairs are the voice of the membership and any input is always welcomed; as we hope to expand on both content and the navigation experience of the ASA website over the coming months.

**Facebook Page**

The membership committee has recommended that the ASA facebook page be closed down, as it is not as active as we would have liked. The resources will instead be redirected to the ASA website. The Board decided to accept this recommendation and will consider re-launching the facebook page at some time in the future.

Andrew Gikas  
Membership Chair

**JOBS, JOBS, JOBS**

To view new positions available, please go to

<http://www.sleep.org.au/jobs.php>

## FINANCE COMMITTEE

Due to the untimely death of John Reid, a vacancy currently exists on the Finance Committee of ASA. Volunteers are sought for this position, and details are given below.

### Responsibilities of the Finance Committee

The overarching role of the Finance Committee is to oversee the financial governance of the Association, assist the Association with its financial growth and provide financial guidance to the Board committees to support the ongoing expansion of their activities within the ASA. The Finance committee exerts its role in the following manner:

1. Representing and reporting back to the Board on financial concerns of the Association, including financial reporting, control and audit functions
2. Coordination with other Board committees and provision of advice in the areas of:
  - i. Strategic and financial planning
  - ii. Annual budget planning
  - iii. Wealth generation and investment (of surplus funds) strategies
  - iv. Financial risk management

These aspects relate to the Association in general but also through the Education Research, Conference, Education, Clinical and Membership committees.

### Essential requirements for Finance Committee membership

1. Full current ASA membership
2. Knowledge and support of the vision, mission and goals of the ASA (refer to the 2010 ASA Annual Report which can be found on the Members Only pages of the ASA website)
3. Knowledge and support of the role and activities of the Board committees
4. Absence of financial conflict of interest with the ASA

### Desirable skills/knowledge for Finance Committee membership

Financial knowledge, skills and experience that will aid in the fulfilment of the responsibilities of the Finance Committee as stated above.

### Term of office

1. It would be expected that the committee member can commit to at least 2 years of service.
2. The committee members shall report directly to the Chair of the Finance Committee
3. The committee members shall work closely with the Secretariat and be supported by the Secretariat for matters relating to the Finance Committee and the ASA Board
4. The initial and ongoing membership of the Finance Committee is subject to approval by the Board of the Australasian Sleep Association.

**If you are interested in taking this role can you please e-mail the ASA office, [admin@sleep.org.au](mailto:admin@sleep.org.au), giving details of your current position, and any financial knowledge, skills and experience.**

Mark Howard  
Finance Chair

## IMPORTANT REQUEST TO MEMBERS

We are experiencing quite a high volume of emails being returned as undeliverable when we send out the regular e-Newsletter and other important information via email.

Please login into the website at <http://www.sleep.org.au/members.php> and check your email address details or advise us at [admin@sleep.org.au](mailto:admin@sleep.org.au) if you have recently changed your email address.

## AWARDS, GRANTS & SCHOLARSHIPS



### **Rob Pierce Grant in Aid Proudly supported by Philips Respironics**

This Grant commemorates Professor Rob Pierce who died defending his home in St Andrews, Victoria during the Black Saturday Bushfire in February 2009. Rob was one of the handful of clinicians in Australia who recognised the importance of the burgeoning field of sleep medicine at an early stage.

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.

Applicants should be training in sleep research or a clinical sleep discipline and be less than five years post doctorate (PhD or equivalent). The grant could be used as seed funding for a project, to collect pilot data or for equipment. It should not be used to supplement an existing project or for travel. The work must be undertaken in Australia or New Zealand. The applicant must have been a member of ASA or ASTA for no less than 2 years.

The maximum amount awarded for each project is \$AUD10,000.

Full details can be found on the ASA website at <http://www.sleep.org.au/scholarships.html>



### **Helen Bearpark Travelling Scholarship**

This scholarship commemorates Dr Helen Bearpark who was tragically killed in a road accident in the United States in December 1996. Helen was a driving force in the establishment of both the ASA and ASTA.

The purpose of this scholarship is to allow us 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 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 duration) but rather to visit institutions in order to develop new or extend previously acquired skills.

This award is open to individuals only. The applicant must be an ASA or ASTA member or be sponsored by an ASA or ASTA member, and must have been a member of ASA or ASTA for no less than 2 years.

The maximum amount awarded for each scholarship is \$AUD8,000

Full details can be found on the ASA website at <http://www.sleep.org.au/scholarships.html>

### **Distinguished Achievement Award 2011**

This award, first awarded in 2008, is designed to recognise, and honour exceptional achievements in the fields of sleep health and sleep science by ASA members.

It will be awarded to an individual member who has either made:

- i. a high impact, highly original and important contribution, or
- ii. ongoing sustained, and significant contributions to the fields of sleep health and sleep science in Australasia and internationally.

These achievements may include, but are not limited to, research, education, policy development.

Full details can be found on the ASA website at <http://www.sleep.org.au/scholarships.html>

## INSOMNIA & SLEEP HEALTH SIG

The Insomnia & Sleep Health News Update link has been up and running for more than a month now. Dr. Bei Bei from Melbourne University has been working very hard adding about a dozen new posts per week that contain newly published insomnia and sleep health related research abstracts, news articles, podcasts, and other interesting resources. We would like to thank all SIG members who have followed our updates and given us feedback. In the meantime, we would like to encourage more SIG members to explore and utilize this resource by following, subscribing to, or bookmarking the page. Detailed information on how to follow our news updates is included below.

You can help us improve the content of the news update by filling in a (very!) short survey on the link below, We would really appreciate your input!

<https://spreadsheets.google.com/viewform?formkey=dEdkNWpzRWVMWkdLeUpmLXdPcnNJbkE6MQ>

### **What is the "Insomnia & Sleep Health News Update"?**

It is an RSS-enabled web link on which we will regularly post insomnia and sleep health related news, information, and resources. We will endeavor to post a minimum of 5 new entries per week, so that you will regularly receive up-to-date information. Our current content is selected from newly published peer-reviewed journals, medical/science/psychology news blogs, online audio/video interviews, published book reviews, as well as some member-suggested resources.

### **How do I access the news update?**

#### **Method 1.**

To view the information as a webpage, just click the link below. For easier access, please bookmark the page. The most recent entries will appear at the top of the page, click "See more..." for older entries.

<http://www.google.com/reader/shared/14627149842011338106>

#### **Method 2.**

You can subscribe to the updates using RSS/Feeds readers on your computer or your mobile phone. This will allow you to receive news updates without having to visit the website.

#### **Method 3 (Recommended!).**

If you have a google or gmail account, you can become a follower of our updates by visiting the following link. If you have Google Buzz, or Google Reader enabled with your account, you will automatically receive our updates, and you will be able to make comments as well.

<http://www.google.com/profiles/102180333350465492756>

#### *Notes on privacy.*

- *Our news update page is public but not searchable on Google - this means that only those given the address of this page (i.e., Special Interest Group members & any other interested ASA member) will have access to it.*
- *If you follow our updates using your Google/Gmail account, your personal information (including names and contact details) will NOT be visible by other followers.*
- *If you make comments on news items, only your name and what you have approved to appear on your Google Profile will be visible by other followers.*

There are currently a few dozen entries on our page with more coming, and we hope you will enjoy reading them as much as we enjoy sharing them with you. If you have any questions, comments, and suggestions, please email us at [insomniasleephealth@gmail.com](mailto:insomniasleephealth@gmail.com)

Bei Bei &  
Gerard Kennedy  
Chairperson Insomnia and Sleep Health SIG

### **FACT SHEETS:**

There are six fact sheets for Health Professionals now available on the Australasian Sleep Association website at:

<http://www.sleep.org.au/hpiosd.html>

We also have a limited supply of printed copies available on application.

## DOSIG NEWS

### Oral Sleep Medicine Course

#### Sydney Convention Centre 26<sup>th</sup> – 28<sup>th</sup> October

Planning of the ASA's 4<sup>th</sup> Oral Sleep Medicine Postgraduate Certification Course is well underway with the committee working towards finalizing the program. This course is only possible because of the strong support of the ASA and a special thank you to those members that have (or will) accepted the offer to present in Sydney.

Details of the program will be available on the ASA web site and advertised through the ADA bulletins. This year we are programming the third day as an overlapping "Advanced Day" that will be suitable and of particular interest to experienced OSM practitioners and previous OSM attendees. Dr Jonathan Parker from Minneapolis, is our invited guest speaker and will present on both an introductory topic on day 1 as well as an advanced topic on the day 3. We are also fortunate to have Prof Donald Falace from Kentucky, in Sydney and available to present on day 3 as well.

#### ASA Annual Meeting 29<sup>th</sup>-31<sup>st</sup> October

The conference committee of the ASA has accepted a symposium on day one of ASA 2011 titled "Dental Management of Sleep Disordered Breathing and Bruxism" the feedback from last year was that there is a gap in the knowledge on Oral appliances within the general ASA membership and we are delighted to have this symposium approved. The invited speakers are A/Prof Ramesh Balasubramaniam, Prof Peter Cistulli and Dr Joachim Ngiam. DOSIG members are encouraged to review the ASA program and consider attending this year's meeting as a number of presentations will be of interest to the members.

Regards

Andrew Gikas and Keith Burgess

## RESPIRATORY SIG

There have been no major issues for the SIG to address over the last few months. However, I was asked to provide something for the newsletter so though that I would share some information that I happened upon during recent journal reading. In the December 2010 issue of Chest there was a review article about "perioperative management of obstructive sleep apnea" by Adebola Adesanya et al from Dallas (Chest 2010; 138: 1489).

The authors point out that a variety of peri-operative and anaesthetic complications are increased in OSA, more so if the sleep apnoea is not recognized. It is a useful review for those that want to catch up in this area. Also this article reminds us how sleep medicine interacts with other specialities, and how we need to remind these other specialities how sleep problems may be having an impact on their particular fields.

An article by Teodorescu et al from Wisconsin (Chest 2010; 138: 543), explores the relationship between OSA and asthma. 472 adults with asthma had their asthma control assessed with the Asthma Control Questionnaire, and their risk for OSA assessed with the Sleep Apnoea Scale of the Sleep Disorders Questionnaire. The presence of having a high risk for OSA on this questionnaire was associated with a 2.87 (95 % CI 1.54 – 5.32) higher odds for not having well controlled asthma. Some confounders were controlled for such as obesity, race, nasal polyps, gastro-oesophageal reflux and psychopathology. The authors speculated about the possible mechanism for this association, including the possibility that upper airway collapse and/or hypoxaemia due to OSA may induce vagally mediated bronchoconstriction. Another possibility mentioned was sleep apnoea producing oxidative stress and inflammation in the lower airways.

Christopher Worsnop  
Respiratory SIG Chair

## CHRONOBIOLOGY SIG

It is not news that long work hours, rotating shift work and poor sleep are associated with increased accident rates on our roads and in our work places. Australians are working longer hours than ever before and poor sleep is a common issue for many workers.

A recent study conducted by Akinori Nakata in the suburbs of Tokyo in Japan has revealed that workers were at risk of accidents due the long working hours and poor sleep. The aim of Nakata's study was to investigate the effects of long work hours and poor sleep characteristics on injury rates in the workplace. In the study, 1891 male employees, aged 18–79 years ( $M = 45$ ), in 296 small to medium sized businesses in a suburb of Tokyo, were surveyed using a questionnaire during the months of August to December in 2002.

Employees' work hours and sleep characteristics, including daily hours of sleep, subjective sleep sufficiency, sleep quality and ease of waking in the morning, were examined. Employees were also requested to provide information on workplace injuries during the previous 1-year period. The risk of workplace injury associated with work hours and poor sleep was estimated using multivariate logistic regression with odds ratios (ORs) and 95% confidence intervals. It was found that compared with those working 6–8h days with good sleep characteristics, positive interactive effects for workplace injury were found between long work hours ( $>8-10h\ day^{-1}$  or  $>10h\ day^{-1}$ ) and short sleep duration ( $<6h$ ) [adjusted OR (aOR), 1.27–1.54], subjective insufficient sleep (aOR, 1.94–1.99), sleeping poorly at night (aOR, 2.23–2.49) and difficulty waking up in the morning (aOR, 1.56–1.59). Long work hours (aOR, 1.31–1.48), subjective insufficient sleep (aOR, 1.49) and sleeping poorly at night (aOR, 1.72) were also independently associated with workplace injury.

The findings of this study suggests that long work hours coupled with poor sleep characteristics are synergistically associated with increased risk of workplace injury. Thus, more attention needs to be given to managing/treating poor sleep and reducing excessive work hours to improve safety in the workplace. The findings of this study have relevance in the Australian context because work place accidents and deaths are still a relatively frequent and there has been an increasing trend towards longer working hours. Many studies that have examined the effects long working hours and rotating shifts have on health, safety and performance, have been carried out on interns and nurses working in hospitals. Knowledge of best practice in terms of chronobiology is often largely ignored in many work places, including health care facilities.

Thus, it is not surprising that the importance of chronobiology in the domain of health and safety remains to be fully appreciated by governments and other authorities charged with controlling policy about working conditions. Therefore, it is important that we as a group promote chronobiology so that it can be incorporated into health and safety policy where appropriate.

Nakata, A. (2011) Effects of long work hours and poor sleep characteristics on workplace injury among full-time male employees of small- and medium-scale businesses. *Journal of Sleep Research*—**Article first published online: 7 FEB 2011**

Sally Ferguson  
Chair Chronobiology SIG

## PAEDIATRIC SIG

The Paediatric SIG is actively working on the ASA/ASTA document that would complement the adult version of the AASM commentary. We have had email communication and videoconference over the past month and the final version is likely to be completed by the end of March.

The Paediatric Sleep Videoconference occurs the first Friday of the month 1200-1300 hrs Brisbane time and has had a healthy attendance with continuing discussion about clinical cases, research and admin related issues. Currently we have attending the call Mater Children's Hospital Brisbane, John Hunter Newcastle, Westmead Childrens, Sydney Children's, Monash Melbourne, Royal Children's Melbourne, Women & Children's Adelaide, Princess Margaret Perth, Starship Auckland & KK Women & Childrens Singapore.

Other centres interested in participating in the videoconference are requested to contact Gordon Williams, Senior Sleep Scientist, Mater Children's Hospital Brisbane on [Gordon.williams@mater.org.au](mailto:Gordon.williams@mater.org.au).

We welcome feedback and comments in relation to Paediatric SIG related issues, [sadasivamsuresh@gmail.com](mailto:sadasivamsuresh@gmail.com) or [Gillian.Nixon@med.monash.edu.au](mailto:Gillian.Nixon@med.monash.edu.au)

Suresh Sadasivas  
Chair Paediatric SIG

## SLEEP HEALTH FOUNDATION NEWS



**The Sleep Health Foundation (SHF)** continues to grow and become more active, with over 100 individual and corporate members.

The SHF is currently negotiating with a major national media/public relations organisation to coordinate media and outreach programs to ensure that the important sleep health messages achieve a wide resonance with the community and to help establish links with organisations and corporations that share our interest and concerns in sleep health matters.

The SHF Board is commissioning a series of projects designed to collect important data regarding sleep health in an authoritative way to inform the community regarding these issues. The first of these has been a *National Survey of Sleep Habits of Australians* which has been conducted by *Roy Morgan*, the distinguished national polling organisation. This is the first such community survey and the results are currently being analysed pending publication and media release. A committee is developing a childhood equivalent—a

*National Survey of the Sleep Habits of Australian Children.*

*Access Economics* has been commissioned to undertake an analysis of the *Economic Costs of Sleep Distorders* for the current year including a cost-benefit analysis of continuous positive airway pressure treatment of obstructive sleep apnoea. Strong industry support has been received for this project via three un-tied grants.

### **Sleep Health Education Grant**

The Board of the Sleep Health Foundation is pleased to announce a Sleep Health Education Grant of up to \$20K, open to any person or team (not just SHF members) to apply.

*The Grant closing date is 31 July 2011.*

This grant is designed to support the development of creative and innovative programmes for *education* (of the public or non-sleep health professionals) and/or *outreach* on sleep health-related research for a variety of audiences.

This initiative aims to accelerate the transfer of recent scientific advances and established knowledge in sleep health and circadian/sleep biology to health professionals and/or the public at large.

Applicants may propose to develop tools and/or strategies to advance community awareness through broader public health initiatives; or decrease sleep health disparities and improve health equality.

Further information is available on the Sleep Health Foundation website at:

<http://www.sleephealthfoundation.org.au/pdfs/grant.pdf>

### **Foundation Membership & Sponsorship**

The SHF is entering an exciting time in its development, including the many initiatives mentioned above and more being planned. The future success of this organisation is critically dependent on generous community, professional and industry support. The Board of Sleep Health Foundation has recently extended its invitation for all new members to qualify for founding membership until 31 October, 2011.

If you would like to support the Sleep Health Foundation, member information can be found at:

<http://www.sleephealthfoundation.org.au/membership.html>

The Foundation Objectives:

- raising and administering funds for research into the detection, prevention and treatment of sleep disorders and sleep deprivation
- encouraging best practice in the delivery of health care related to sleep disorders
- advocacy of sleep health issues to government, employer bodies, road safety authorities and other organisations
- raising public awareness and community involvement about sleep health issues and their resolution
- undertaking targeted education and service delivery programmes in relation to sleep health issues
- raising and administering funds for community awareness programmes in relation to sleep health issues
- collaborating with professional organisations involved in sleep health to promote better sleep behaviours and health

David Hillman  
Chairman, Sleep Health Foundation

## ANNUAL SCIENTIFIC MEETING OF THE AUSTRALASIAN SLEEP ASSOCIATION



### Call for Papers:

Original abstracts are invited on any aspect of sleep health and sleep science. Both oral and poster presentations are welcome. Presenters must be prepared to make a short oral presentation, even if they have nominated for a poster presentation.

**All accepted abstracts will be published in a special abstract supplement of the *Journal of Sleep Research*.**

**Abstract Submissions Open:** 1 April 2011 and close **17 June 2011**

### Student Travel Grants:

These are intended to support and further the career development of students who are actively pursuing an academic degree or postdoctoral training in sleep research. Travel Awards will be based on the scientific merit of a submitted abstract. Duration of membership of ASA or ASTA will also be taken into consideration.

### Awards

New Investigator Award and Best Poster Awards will be offered. Details of the New Investigator Award can be found on the ASA website. All posters will automatically be eligible for the Best Poster Award

## Meetings

### ASA Workshops

**Treating Insomnia: What Psychologists need to know!**

Canberra, Saturday, June 18, 2011 &  
Darwin, Saturday, July 9, 2011

<http://www.sleep.org.au/asaworkshops.html>

**Symposium: Sleep—The Basics,**  
Heidelberg, Saturday, April 30, 2011

<http://www.sleep.org.au/meetings.html>

**Oral Sleep Medicine Course 2011**

<http://www.sleep.org.au/asm2011osmc.html>

**Sleep DownUnder 2011**

27-29 October 2011, Sydney  
[www.sleep.org.au](http://www.sleep.org.au)

**Sleep DownUnder 2012**

10-13 October 2012, Darwin  
[www.sleep.org.au](http://www.sleep.org.au)

**Sleep DownUnder 2013**

17-19 October 2013, Brisbane  
[www.sleep.org.au](http://www.sleep.org.au)

### Worldsleep2011

the 6<sup>th</sup> World Congress of the World Sleep Federation  
October 15-20 2011 Kyoto, Japan  
[www.worldsleep2011.jp/](http://www.worldsleep2011.jp/)

Worldsleep 2011

Travel Award Application

CLOSING DATE: 6 MAY 2011

The Australasian Sleep Association is pleased to announce that it will be awarding a number of travel awards to support its members to attend Worldsleep 2011, to be held in Kyoto in October 2011.

Travel Awards will be based on scientific merit of either an abstract or symposium presentation submitted for Worldsleep 2011. Length of membership of ASA will also be taken into consideration. For more details visit:

<http://www.sleep.org.au/worldsleep2011travelgrant.pdf>

### Contact Details

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