



From the president.

On behalf of the ASA executive, greetings for 2007.

You will notice that our web site (www.sleep.org.au) is becoming increasingly sophisticated with a dual layer (members and non-members sections) coupled with links to meetings, ASA endorsed information and special interest groups. Delwyn Bartlett, and Stephanie Blower, Honorary and Executive Secretaries respectively, are to be congratulated on this initiative and their hard work. The website will continue to transform and I am sure any assistance or constructive comments would be warmly welcomed by both. Greater amounts of educational material will be available via the education committee led by Darren Mansfield and the clinical committee led by Harry Teichtahl.



Progress with our next annual scientific meeting, to coincide with the Worldsleap07 and associated meetings in Cairns, is proceeding on track. Cephalon, ResMed, Respirationics, Weinmann and Tycohealthcare have all signed up to be major sponsors, and we hope that others will follow. The scientific programme committee continue to sift through over 95 symposia submitted, to select ~60 symposia, in their best attempt to make this meeting as broad and detailed as possible, yet capable of staying within the physical confines of the conference venue. Craig Hukins representing the ASA executive on this scientific committee continues to serve our best needs: Craig has several years of practice! John Wheatley and Ron Grunstein, co-chairs of worldsleap 07 are working extremely hard to ensure the international success of this meeting, and you are reminded that if you are presenting papers relating to sleep anywhere promotional slides are available from the ASA website to be used at the end of your presentation. Plans are also underway for the 2008 ASM in Adelaide, and Melbourne in 2009.

Clinical matters have kept our executive busy. Pleasingly, our last newsletter made mention of the Medicare Australia subsidisation for psychological services. However, referral for such services must come from a general medical practitioner, psychiatrist or paediatrician: correspondence from the ASA to Medicare has requested that this list be altered to include sleep physicians.

Also, following the adoption of a position statement regarding portable monitoring for sleep disorders by the ASA, a working party has been put together under the direction of David Hillman (incoming ASA president) to develop a recommendation to Medicare Australia on how sleep disorders are diagnosed and managed in the future. In order to accommodate a broad representation, David has co-opted ASA and TSANZ members from different states, arenas (public and private) and craft groups. Four levels of testing are being considered: <2 channel portable (eg oximetry), >4 channel portable (eg cardiopulmonary), portable polysomnography (ie home PSG), and laboratory polysomnography (simple or complex [paediatric, NIV, etc]).

New Contact Details for ASA

The 0500 numbers and the old sleepaus e-mail address are being phased out over the next few months, so can you please amend your records to show the new contact details:

Phone: + 61(0)2 9920 1968
Fax: + 61 (0)2 9920 5415
E-mail: admin@sleep.org.au

Whilst vigorous debate is regularly undertaken regarding the "ideal test for sleep disorders", it is worth while reminding ourselves of the purpose for which testing is undertaken: to diagnose and intervene to improve a clinical problem. Accordingly, several "sleep tests" should exist depending upon the clinical issue at hand, and each test result may be of greater, equal or less importance compared with a detailed history, clinical examination, and on occasion, a trial of treatment. A core component of this process is the judgement of an informed clinician.

On another matter, the ASA has recently formed an ethics committee to codify and oversee ethical issues relating to our discipline. Karen Detering is chair and Paul Komesaroff from RACP, has offered his assistance. There are number of areas that require care in the practice of sleep medicine including centres which offer diagnostic testing and sales of therapeutic devices, under the one roof, or where contractual agreements exist that create potential conflicts of interest in terms of treatment prescription. Adequacy of supervision of data collection, analysis and reporting of sleep studies is another serious responsibility. ASA membership assumes a high standard of practice, summed up in the following triad: placing a patient's need before one's own, striving to maintain best practice through quality assurance and ongoing education, and working within the boundaries set by the peer group. The ethics committee will play an important role in articulating these standards and assuring that they are met.

The British Medical Journal published a study of hospital inpatients describing increasing age and cardiovascular disease were associated with increasing frequency and duration of awakenings during the night with more time spent in bed. An accompanying BMJ editorial entitled "Sound Sleep" reminded the readers that "the greater the degree of heart failure, the more broken the sleep". This research, published not in 2007 but on May 30, 1970, by an Australian surgical group with recent medical graduate Dr Murray Johns as first author, highlighted two issues for me.

First, there is a delicate relationship, with two way traffic, between organic disease and sleep (in this case heart failure and secondary insomnia) indicating the multidisciplinary approach that sleep medicine demands. The ASA actively encourages involvement of other professionals by providing discounted memberships to under represented craft groups as determined by our SIGs. The broad impact of symptoms pertaining to sleep in the general public has been undertaken under the guidance of the clinical committee and will be reported in the near future.

Second is the large contribution Australians have made, as per our population, in the international sleep field. Beyond the well known development of CPAP by Colin Sullivan in 1981, and all of the "off shoot" pumps and equipment, it is important to remember the other commercial developments (eg Compumedics, Somnomed, Optalert). In addition we should be proud of our scientific non-commercial contributions. A report published in the European Respiratory Journal (2005;60:63) based on publications 1995-2001 stated "sleep apnoea" was the commonest area of "respiratory" research generated in Australia (>50% of which had no funding!) which lead the authors to conclude Australia to be one of the leading countries committed to sleep research. With this in mind, I would encourage all ASA and ASTA members to continue to contribute to the upcoming worldsleep07 meeting.

Matthew T. Naughton
President

MTN has served on medical advisory boards of companies manufacturing CPAP devices and received unconditional industry support for NHMRC funded research, but holds no stock in any sleep related companies.

From the Honorary Secretary

The Membership Committee continues its endeavours to bring more information to the ASA Website, and we are currently looking at a large number of flyers containing sleep information for the general public which we intend to put onto the web site. The list of Sleep Labs is currently being edited, prior to being put initially on the members only pages of the web site, so the membership can check that their information is correct, and categorized correctly, before it is put onto the public pages of the web site, to enable people to find their closest sleep service. Once this is put onto the web site we will e-mail the membership with a short deadline to check the information. I would ask you to look out for this e-mail and ensure that you promptly check the information and get back to Stephanie with corrections.

More and more communication with the membership is being done by e-mail. If you have not received an e-mail from ASA over the past month the chances are the e-mail address in our data base is out of date. Can you please ensure that you let Stephanie have any changes to your e-mail address as soon as possible, so we can keep you informed.

Like everyone else much effort is being put into promoting worldsleep07, and I would urge you go support this meeting in anyway you can, by promoting it to your colleagues and industry representatives that you talk to, but most of all by attending.

Delwyn Bartlett
Honorary Secretary

From the Research Chair

The Research Committee would like to welcome its newest member Rosemary Horne. In addition to Rosemary, the Research Committee consists of Philippa Gander, Mark Howard, Andrew Ng, Stuart Baulk, Roy Beran, Dorothy Bruck, Drew Dawson and Naomi Rogers.

The Research Committee is planning on developing a webpage on the ASA website which lists sleep and circadian research labs currently active in Australasia. We will be emailing the membership to request information for this website, should members be interested in including details of their labs and their research areas on the website.

Our aims for this webpage include:

- to provide a source of information for potential collaborators for research studies, to other ASA members and also non-members, e.g., from different disciplines and from overseas institutions;
- to provide a source of information for people looking to do a sabbatical;
- to provide information for potential study volunteers;
- to provide information about potential training opportunities for honours, masters and PhD students, registrars looking to undertake research projects and Postdoctoral Fellows.

Naomi Rogers
Chair, Research Committee

From the Clinical Chair

Pfizer Australia have been working with ASA, in particular the Clinical Committee, to produce a booklet on Healthy Sleep, which was launched on Tuesday 20 March 2007. The Pfizer Australia Health Reports are produced monthly, in partnership with health consumer organisations and medical experts, to provide information and news to assist in living a healthier, happier lifestyle.

The findings of the Health Sleep report are based on responses from 1600 Australians aged 18 years and over conducted for Pfizer Australia and the ASA by independent consultants, Stollznow Research.

The information is aimed at general education of the public, and could prove a useful tool for people working in the sleep field to alert patients about the general issues of sleep disorders.

Copies of this report are available free from www.healthreport.com.au. You can also request additional copies by calling 1800 675 229.

Harry Teichtahl
Chair, Clinical Committee

Paediatric SIG **Paediatric SIG News**

Efforts towards inter-lab concordance studies have continued with the help of Andrew Thornton from the Sleep Disorders Laboratory, Royal Adelaide Hospital. All labs should receive a copy of the study to be scored and the consensus scoring criteria in the next few days. If you haven't and would like to take part, please contact Nicole Verginis on 03 9594 5705.

Worldsleep07 has published the list of accepted symposium proposals on the website, which includes seven paediatric symposia. In addition to this there will be paediatric poster sessions and oral presentations, promising to make this an exciting meeting. Abstracts are due on 31st March and Paediatric SIG members are encouraged to submit an abstract so that there is a wide range of paediatric research from Australasia & NZ presented.

The Australasian Paediatric Endocrine Group has proposed a working group on Prader Willi Syndrome (PWS) in association with the paediatric group of the Australasian Sleep Association. The first priority of the group is to develop an appropriate clinical practice guideline / consensus statement to guide the APEG and ASA members with regard to PWS management, particularly in relation to growth hormone. The timing of sleep studies is the key area of importance for ASA members, and four members have volunteered to act as advisors to the APEG group (Drs Margaret Harris (Brisbane), Dr Liz Edwards (Auckland), Dr Bruce Whitehead (Newcastle) and myself). APEG has also suggested a survey of both APEG and paediatric ASA memberships regarding their current practice in the management of children with PWS, with the aim of informing the proposed consensus statement. Members will be kept up to date with progress of this initiative as it proceeds.

Gillian Nixon
Chair, Paediatric SIG

Orofacial SIG

The Orofacial SIG is finalizing a number of related Symposia for worldsleep07. Many thanks for the numerous suggestions from the SIG. The programme is an exciting one including a host of international speakers covering aspects of disease evolution, multidisciplinary treatment and health outcomes. Speakers already confirmed include Tucker Woodson, Jeffrey Prinsell and Marie Marklund. These symposia will examine dental, medical and surgical aspects of craniofacial growth and different treatment regimes for OSA incorporating the latest research making this a truly unmissable event.

The Orofacial SIG is also addressing ways of promoting this event to Dentists, Otorhinolaryngologists and other specialities such as maxillofacial surgeons and Orthodontists. The President of the ASA has sent a letter to the President of the ADA, requesting their assistance in promoting the event. Further suggestions include promotion via ADA email in each state, promotion to each relevant society in the ADA (i.e. prosthodontists, orthodontists, maxillofacial surgeons paedodontists) and Otorhinolaryngologists. Any other suggestions would be greatly appreciated.

See you in Cairns!

Chris Pantin & Andrew Ng
Joint Chairs, Orofacial SIG

Insomnia Sleep Health SIG

A recent commentary piece in the Journal of Clinical Sleep Medicine by Wilfred Pigeon* mapped the state of behavioural sleep medicine (BSM) in the U.S. The piece noted the research and clinical evidence base for BSM. While this evidence is concentrated on CBT for Insomnia, there is very promising data on the utility of BSM in OSA (particularly in improving adherence to CPAP), on behavioural interventions for some paediatric sleep problems, and on the potential for light therapies for circadian disorders. The American Academy of Sleep Medicine very actively promotes BSM, and this has led to training and accreditation pathways. Most importantly, the AASM recognizes that appropriate psychological and behavioural interventions for sleep disorders are critical to the development of sleep medicine. The limited supply of appropriately trained professionals, and remuneration issues, were identified as challenges for BSM in the US.

We don't have such a concrete discipline as BSM here, but the Insomnia and Sleep Health SIG probably captures the folk most aligned with this approach. The challenges that we face are increasing the research and clinical momentum in this area. The formation of the ASA research committee may help address the first of these challenges. Improving clinical services is a greater challenge. For example, there are very few working psychologists involved in the ASA, and even fewer employed in accredited sleep services. This low participation in the ASA contrasts with the large number of psychologists listed on the Australian Psychological Society's referral database as having interest and expertise in sleep problems. It also contrasts with prevalence data for insomnia, and with the service demands reported by GP's and pharmacists. There is a clear gap between the sleep health needs of the public, and the provision of clinical services to them through the existing model of sleep services. There are many reasons for this, and the historical restriction (in Australian) of sleep medicine practice to respiratory physicians is one of these reasons.

Over the next year, I'd welcome submissions, criticisms, rants and raves about what to do about this. In particular, I'd welcome thoughts about who should provide 'sleep psychology' services (e.g. any registered health professional?), how the ASA could promote this (e.g. a mandatory component of sleep service accreditation?), and whether or not to pursue training and accreditation pathways. The AASM approach does not exactly fit our health systems, and our solution is likely to be uniquely antipodean.

*Pigeon W, Crabtree, VM & Scherer MR (2007) The Future of Behavioural Sleep Medicine. Journal of Clinical Sleep Medicine. 3(1):73-79

Simon Smith
Chair Insomnia SIG
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In the journals

Psychological And Behavioral Treatment Of Insomnia: Update Of The Recent Evidence (1998-2004). Charles Morin, Richard Bootzin, Daniel Buysse, Jack D. Edinger, Colin Espie, Kenneth Lichstein. SLEEP, Vol. 29, No. 11, 2006

Psychological and behavioural therapies for insomnia now have a two-decade history, and their effectiveness is now accepted (e.g. NIH State-of-the-Science Conference, 2005). These approaches nevertheless currently compete with various drug treatments, and many and varied complementary or alternative treatments for sleeplessness.

This paper presents an update of the 1999 AASM Taskforce review of the evidence base for psychological and behavioural treatments for Insomnia. The systematic review considered 37 treatment studies after screening 346 related studies. 25 of the studies were randomized control trials, and all studies were graded for level of evidence using the well recognized Sackett System standards. Only 5 papers compared psychological therapies to medication, although many more "pharmacological only" trial papers were identified but not included. The interventions included the usual options of stimulus control, relaxation, sleep restriction, and CBT (typically a multi-component approach).

The review supported the original conclusions of the 1999 review, that psychological and behavioural interventions provide effective treatment for persistent insomnia. The more recent studies also provided support for efficacy in treating secondary (now 'co-morbid') insomnia associated with other medical and psychiatric conditions. The review noted that the improved outcomes were predominantly in symptoms, with less evidence of impact on morbidity or mortality. This is also true for other sleep disorders. There was not good evidence (i.e. a lack of evidence) to support multi-component CBT over individual components such as stimulus control alone, or sleep restriction alone. The active therapeutic components and mechanisms are still not clear, and in practice most clinicians package and present these components simultaneously. The difficulty of devising a plausible, yet ineffective, psychological placebo for research in this area was also noted. The findings of the review supported each of stimulus control, relaxation, paradoxical intention as 'well-validated' therapies, and supported sleep restriction and CBT as 'well-established' treatments under American Psychological Association guidelines. New guidelines for measurement in insomnia research have also recently been published, and these guidelines should help to ensure the quality and comparability of future treatment and outcome studies.

It was evident from the review that only a very small number of international researchers are active in this area (the usual; Edinger, Espie, Lichstein, etcetera), and no local data was presented. Nevertheless, we can be confident that CBT in its various forms is effective, and should work to ensure access to these therapies for Australian (and New Zealand) patients.

PBS Authority for Modavigil (modafinil)

CSL have advised ASA that from 1 February patients who were diagnosed with narcolepsy more than 5 years ago do not need to be retested to confirm the diagnosis to qualify for a PBS Authority for Modavigil (modafinil).

Since Modavigil was first PBS listed in 2005 CSL has received comments from various Sleep Physicians that the need to retest patients who were diagnosed with narcolepsy more than 5 years ago was absurd. Finally, after a submission led by Drs Craig Hukins and Curtis Gray, this requirement has been removed.

Medicare Australia – PBS – One Number for Specialised Drugs

From 2 April 2007 the phone line for PBS and Specialised Drugs approvals will be 1800 700 270.

In order to access information regarding Modafinil for narcolepsy, you should select Option 2 (this will avoid your having to hear all the options). If you have any questions you should call 1800 700 270 or visit www.medicareaustralia.gov.au

Job Vacancies on ASA Web Site

The Jobs page on the ASA Web Site is now being used more and more by people looking to recruit staff, and a number of new positions have recently been posted. If you wish to place a job advertisement on this page there is no cost for members, the only requirement is to send the details and identify yourself to Stephanie.

Non Members are able to place advertisements on this page at a cost, but must identify either the company or sleep service that is seeking employees. While this information may remain confidential and not appear on the advertisement, ASA must be advised. This policy has been put in place to try to avoid bogus advertisements being placed on the web site.

Helen Bearpark Memorial Scholarship



This scholarship commemorates Dr Helen Bearpark who was tragically killed in a road accident in the United States in December 1996, after completing post-doctoral studies at Brown University. Helen was instrumental in the establishment of both the Australasian Sleep Association (ASA) and Australian Sleep Technologists Association (ASTA). She was an extremely generous individual who gave a great amount of her time in the professional development of sleep research and the clinical care of patients with sleep disorders in Australia. Helen formed many strong friendships with people in the sleep community internationally and many of these links have continued between Australia and other countries even after her death. Helen travelled extensively and saw great value in learning from individuals and institutions in other countries. 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 purpose, provided the proposed supervisor is an ASA or ASTA member. The scholarship is not primarily aimed at allowing individuals to travel to conferences but rather to visit institutions to develop new or extend previously acquired skills.

Conditions of award:

1. The award is open to individuals only.
2. The applicant must be an ASA or ASTA member *or* be sponsored by an ASA or ASTA member.
3. The award cannot be made to an individual more than once.
4. The successful applicant will provide a report at the completion of their travel for inclusion in the newsletters of both the ASA and ASTA.
5. The applicant should not have received other substantial sources of support for their proposed travel.
6. There is no age restriction, but the scholarship is intended primarily for individuals who are not yet established in clinical or research practice.

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

Closing dates for Applications is 31 July in any year.

worldsleep07

The 5th World Congress of the World Federation of Sleep Research and Sleep Medicine Societies



www.worldsleep07.com



Cairns Australia
2 - 6 September 2007

You should by now have received a Registration Brochure for worldsleep07 in the mail. If for some reason you have not received this, an on-line Registration Brochure is available at www.worldsleep07.com

You will also be receiving regular e-mail updates on the latest programme developments, confirmed speakers etc.

Keep looking at the website for update details as they become available.

Dates to Remember

Abstract Submission Deadline 31 March 07
Early Bird Registration Closes: 1 June 07
Accommodation Booking Deadline: 20 July 07
Pre-Congress Registration Closes: 10 August 07
 (after this date only on-site registrations will be available at a higher cost)

Worldsleep07 Trainee Programme

As part of the worldsleep07 conference to be held in Cairns in September this year there will be an extensive Trainee Program.

This includes Trainee Awards, a Trainee Professional Day on 2nd September, and daily informal Trainee breakfasts. Full details can be found on the worldsleep07 website at: <http://www.worldsleep07.com/Trainees.htm>

ASA Travel Grants to worldsleep07

CLOSING DATE: 31 March 2007

The Australasian Sleep Association will offer a limited number of travel subsidies to assist students or researchers meeting specific eligibility criteria to present their work at worldsleep07.

Surplus funds from The Annual Scientific Meeting in 2006 will be used in part for this purpose.

The eligibility criteria for applicants are as follows:

- The applicant must be a member or student member of the Australasian Sleep Association.
- Be enrolled in a higher degree (Masters or PhD or equivalent) in the area of sleep research or
- Be within two years of receiving a PhD (or equivalent) and still be predominantly working in the area of sleep research
- Be an advanced trainee in sleep medicine undertaking a research project in the area of sleep

Travel grants will not be made to individuals who are awarded a Trainee Merit Award or Trainee Travel Award by worldsleep07, or an ASTA travel award. Individuals may apply for worldsleep07, ASTA and ASA awards, but only one will be granted.

The amount of the grant will be free Student Conference Registration + 50% of the lowest priced fare from the individual's city of residence to Cairns. If the travel fund is exceeded by these criteria, there may be a pro-rata reduction of the amount given to each individual recipient.

Full details and application forms can be found in the members only pages of the ASA Web Site



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