



AUSTRALASIAN SLEEP ASSOCIATION

NEWSLETTER June 2004

PRESIDENTS REPORT



It is hard to believe that we are almost half way through 2004! The ASA has been very actively involved in a myriad of activities, many of which are outlined in this newsletter. The organisation of this year's annual scientific meeting in Sydney is well underway. The scientific programme is taking shape, spearheaded by

our high-profile keynote speaker, Dr Terry Young. This year will see the return of advanced courses, with the topics being Circadian Rhythm Disorders & Treatments and Non Invasive Ventilation. The organising committee have taken onboard the feedback from our last conference, and are working hard to produce a high quality meeting.

As you are all aware, the ASA has been undergoing an external review of its strategy and activities in the hope of improving the value provided to members. The executive and many members have contributed their valuable time by assisting the consultant team from Macquarie Graduate School of Management in its review. The output of that process is now available for general comment by the membership. This is available on the ASA website, and instructions for accessing it are available elsewhere in this newsletter. I strongly encourage you to peruse the document, and send us your feedback. One of the key problems identified was that of communication, and this is a specific area that will need to be worked on. The report offers important insights into possible futures for our organisation, and it is now up to us to take charge of our own destiny. Changes to our organisational structure appear inevitable. Feedback from the membership is a critical part of the ongoing process, as it will determine which of the recommendations in the report (if any) the Executive will pursue. It is our intention to combine the membership comments with the contents of the report in a further executive planning meeting, before presenting our final recommendations to the membership at the next AGM. I see this as a seminal period in the evolution of our organisation, and it is critical that the membership's views are captured and incorporated into our plans for the future.

The long-term success of the ASA will inevitably require increasing collaboration with other organisations. Two relationships of particular relevance at this time are those with the Royal Australasian College of Physicians (RACP) and the Thoracic Society of Australia and New Zealand (TSANZ). The ASA is Special Society of the RACP, and as such we have a representative on the Specialty Societies Board. Michael Dodd will continue in this important liaison

HELEN BEARPARK MEMORIAL SCHOLARSHIP 2004

The purpose of this scholarship is to facilitate international travel and exchange in order to develop skills in sleep research or clinical sleep medicine. The Scholarship is open to any member of ASA or ASTA to travel overseas, or someone from overseas sponsored by an ASA or ASTA member to travel to Australia.

The closing date for applications for the Scholarship is 31 July 2004. Applications received after that date will not be considered until 2005.

The award for 2004 will be valued at \$Aus 6,000.00

Full details can be obtained from the WebSite at www.sleepaus.on.net, or from the ASA Secretariat.

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Web Site: www.sleepaus.on.net

role over the next couple of years, and his report on recent deliberations is in this newsletter. Dialogue with the TSANZ continues to explore areas of mutual interests, predominantly relating to education, accreditation, and guideline development. Efforts are being made to ensure a mutually rewarding partnership on these matters. Over time I expect to see a need for similar partnerships to emerge for our non-physician members.

The proposal to establish a National Sleep Health Agenda is progressing slowly, but in a positive direction. The steering committee has commissioned the highly respected agency, Access Economics, to conduct an independent review of the costs associated with impaired sleep in the Australian context. This, together with the Boston Consulting Report, will be an important tool in putting sleep health on our national agenda. The ASA has continued to be supportive of the proposal, with the ultimate goal of creating an open and transparent organisation, backed by broad-based financial support. As developments occur, I will keep you posted.

The Clinical Committee is hard at work on two important projects relating to the use of Modafinil in Narcolepsy and revisions to the guidelines on Respiratory Sleep Studies, the latter being undertaken in collaboration with the TSANZ. Details of these activities are reported by Peter Solin, our Clinical Chair, elsewhere in this newsletter. A most pleasing aspect has been the tremendous enthusiasm of members to volunteer their expertise on the relevant working parties. We hope to tap further into this enthusiasm as more projects come to hand, as they inevitably will.

An important and complex project has also commenced on the education front, with a working party constituted to develop a curriculum in sleep medicine, a new requirement of training programmes within the RACP. Doug McEvoy is the ASA representative on the Specialist Advisory Committee in Respiratory and Sleep Medicine, and will chair the curriculum working party.

Plans for the World Federation of Sleep Research Societies (WFSRS) Conference to be held in Cairns in 2007 are already underway. Formalisation of the relationship between ASA and the WFSRS is being finalised. This represents an important opportunity for the ASA, and it is critical that we work hard to achieve a highly successful meeting. John Wheatley and Ron Grunstein are co-chairs of the meeting.

I take this opportunity to signal a number of ethical concerns facing the ASA. With the boundaries between researchers, clinicians, and industry increasingly becoming blurred, there is growing potential for competing interests to degrade the integrity of our organisation, whether through real or perceived influence. This is a hot topic of debate for organisations across all industries, and it is important that the ASA takes a proactive stance to maintain and enhance its reputation as the peak national professional body in the sleep medicine field. This requires robust processes relating to disclosure of interests for office bearers and committee members, presentations at our scientific meetings, and industry sponsorship of our activities. Pecuniary interests in diagnostic services and therapies are a specific concern in our field. The RACP has published position papers that provide guidance for physicians on this matter, and I assume other professional bodies to which our members belong have similar codes. The ASA has a responsibility to ensure that its members adhere to contemporary ethical standards, and the executive is working through these issues. I welcome the input of all members.

In concluding, I remind you that the Executive are elected to serve members needs, and I encourage increased dialogue to assist us in this process. Genuine attempts are being made to be more inclusive in the organisation's activities, and I look forward to the enthusiastic support of the membership in this endeavour.

With best wishes,

Peter Cistulli
President

E-MAIL ADDRESSES

We are using E-mail more and more to keep the membership up to date, and ask for their input. It is REALLY IMPORTANT therefore to keep the Secretariat up to date with your e-mail address if you want to keep in touch.

If you have recently changed address, or if you haven't advised us of your e-mail address yet can you please just drop me an e-mail at sleepaus@ozemail.com.au, so I can update the data base.

Thanks

Stephanie Blower
Executive Secretary

CLINICAL CHAIR

Dear colleagues

I would like to bring up-to-date with what is happening on the clinical side. Firstly the PBAC rejected the submission for the inclusion of Modafinil for prescription, and a working party from the membership has been formed to work closely with CSL in order to put together specific indications for the use of Modafinil as second line treatment for the treatment of Narcolepsy, and have this resubmitted to the PBAC. If we are able to meet deadlines, then Modafinil will be reconsidered by the PBAC in August this year and if it is approved, then it may be available more widely to prescribers by the end of the year. I would like to thank all the interested members who have contributed.



A second working party has also been formed for rewriting of the respiratory sleep laboratory guidelines, in a joint endeavour with the TSANZ. Again a number of people expressed interest, and we are now waiting on resolution of the conflict of interest statement requirements from the TSANZ before this work can proceed.

The issue of an item number for non-invasive ventilation has been on the agenda for some time. The College of Intensive Care Physicians has chosen to put in a submission to the HIC for non-invasive ventilation use in an intensive care environment, but their efforts will use existing intensive care derived item numbers in order to achieve this. We were interested in working with them to see whether a joint submission from the ASA and TSANZ would be more useful. However the Intensevists feel that they will be more successful on their own. That means that this issue is now firmly back with the TSANZ and ASA. As a result a working party will be asked to be formed on this issue, and I would just ask the membership, many of whom are TSANZ members as well, whether they would like to participate. Please e-mail me if you are.

There has been a lot of interest in mandibular advancement splints/oral appliances over recent times, as they are percolating through the sleep disorders system. It has been suggested that we have an advance course on the issue, and I would like to gauge members' interest in this. The sort of topics that we would want to cover in the advance course would be the following: demonstrations and hands-on sessions with the various types, with the ability to see how the process is undertaken, namely the features on the lateral cephalogram, and oropharyngeal anatomy, the taking of impressions, the manufacture, fitting, adjustments, and other issues such as durability, costs and servicing.

I would urge all members of the Orofacial special-interest group to consider the need for creating a consensus statement, for inclusion in an upcoming newsletter, as there are a number of issues nationwide which are routinely discussed and questioned, (for example: issues such as which dentists and dental technicians should be managing these devices, the role of the sleep disorders Physician in managing someone who is on a long-term care with an oral appliance, the timing and need for follow-up sleep studies etc.) Certainly a patient information sheet would be well-received!!

Lastly on the issue of fitness to drive guidelines, I have had no adverse reports from the membership about the usage of these guidelines as such. I have started reworking the patient information sheet, with my biggest conflict being whether we should forcefully press physicians to encourage self reporting or not. This is a vexed question because on the face of it we want to encourage people to keep themselves safe if they have significant risk of accidents. However sleep apnoea, even in minor forms, according to Ausroads is a chronic and reportable condition, and in various states the consequences of self reporting can be quite drastic for the individual. Hopefully this will be available for you in the next newsletter.

Dr Peter Solin
Clinical Chair, ASA

INSOMNIA SIG

I would like to bring the readership's attention, and especially any psychologists and those in the Insomnia Special Interest Group, a new book:

M. Perlis and K. Lichstein (Eds). Treatment of sleep Disorders: Principles and Practice of behavioral sleep medicine. New Jersey: John Wiley & Sons, Inc, 2003.

It is about the role that cognitive/behaviour therapies can play in the treatment, not only of insomnia, but a range of sleep disorders including sleep apnea, PLMS/RLS, Narcolepsy, pediatric sleep disorders and parasomnias. I would recommend it for university or clinic libraries.

Leon Lack
Chairman Insomnia Special Interest Group

OROFACIAL SIG

Many questions regarding the use of oral appliance therapy in OSA remain unanswered. How far to advance the mandible is one of these. Upper airway enlargement appears to be dose-dependent and many studies have used resolution of symptoms as a guide. A recent French study¹ examined forty OSA patients who had failed CPAP therapy. They used resolution of symptoms together with improved nocturnal oxygen saturation (or maximum comfortable jaw protrusion limit – whichever came first) to predict optimal titration. Complete response (defined in the study as resolution of symptoms & AHI < 10) was achieved in 64%. Oximetry remained abnormal despite clinical improvement in 25% of patients and clinical symptoms persisted despite normal oximetry in 20%. They conclude that clinical improvement or oximetric response alone was insufficient to predict optimal titration. Similar to CPAP titration studies, optimal mandibular advancement also involves titration although which parameters should be used remains unresolved.

1. Fleury B et al. Mandibular advancement titration for OSA. *Chest* (2004):125;1761-1767.

Andrew Ng
Co-Chair Orofacial SIG

PAEDIATRIC SIG

A/Prof. Karen Waters, who currently heads the Respiratory Support Service at the Children's Hospital at Westmead, will be heading over to Kentucky late in 2004 to work with Prof. David Gozal. The Unit at the University of Louisville has an active research program extending from clinical studies to the genetic basis of sleep disordered breathing in children. Prof. David Gozal heads both the clinical and research Units. The goals of Karen's trip to Kentucky are to expand her research experience by working with a research group who are world leaders in the area of Pediatric Sleep Medicine. Having Karen in Kentucky is also an opportunity to also encourage other Researchers in Paediatric Sleep Medicine to collaborate with the Kentucky group. Any enquiries about possible exchange, or short-term projects from Australians who would like to visit Kentucky are, therefore, more than welcome!

Karen remains contactable at her University address: kaw@med.usyd.edu.au

The sleep medicine special interest group of the Paediatric Society of New Zealand are working on guidelines for investigation and management of SDB in children. The document is aimed at general practitioners and general paediatricians. It will make recommendations about appropriate investigations and treatment of children with suspected OSA, as well as provide guidelines for referral of children at risk of sleep-related hypoventilation. The challenge is to provide an evidence-based guideline that is practical in the current New Zealand health climate, and to highlight issues related to access to sleep medicine services for children around New Zealand.

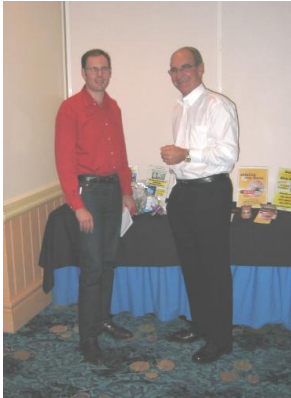
The Department of Respiratory Medicine at Princess Margaret Hospital for Children in Perth is establishing post-graduate certificate courses in Paediatric Respiratory Science (GCPRS) and Paediatric Sleep Science (GCPSS), through the University of Western Australia. The courses will be designed primarily for scientists in Australia and Asia-Pacific countries but will also be of interest to physicians, general practitioners, and allied health workers who wish to better understand the scientific principles that underpin clinical measurement in these areas of paediatrics. The courses will commence in 2005, and will be delivered by flexible distance education online. Further information is available from

Sleep Jennifer Maul (jennifer.maul@health.wa.gov.au)
Respiratory Graham Hall (graham.hall@health.wa.gov.au)

Dr Margot Davey
Chairperson Paediatric Special Interest Group

SLEEP TECHNOLOGISTS REPORT

The Australasian Sleep Technologists Association (Qld Branch) held a Workshop on Medicine & NIPPV on 15 & 16 May 2004. This was a great meeting, enjoyed by delegates from all over Australia & New Zealand.



Guest Speaker Dr James Douglas & Bob Bird at the Trade display



Delegates enjoy the dinner

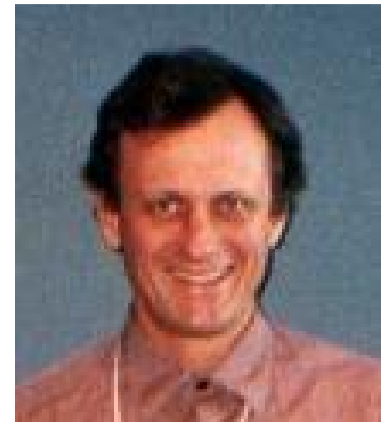


Justin Craig (Past President) mingles at dinner

REPORT OF SPECIALITY SOCIETIES BOARD OF THE RACP May 2004

The Speciality Societies Board Meeting at the Royal Australasian College of Physicians was held on 7 May 2004, and Michael Dodd, Past President, represented ASA at that meeting. The following is his brief report of the meeting:

The majority of the meeting was spent considering the relationship of the Specialty Societies with the Royal Australasian College of Physicians and recognising that the College has been perceived as not communicating as well as they should be with both the Specialty Societies and with members of the College. The College is very keen therefore at the moment to have reciprocal relationships with the Specialty Societies in helping provide curriculum development for the training of Specialists and is also interested in providing, where appropriate, support in terms of office space and secretarial help as well as other aspects of financing so that training and continuing professional development can proceed more successfully than it has been doing to date and in an appropriate fashion.



I felt that all these moves were very positive and that the Sleep Association should continue to have such dialogue with the College. The proposed form for taking matters further is for Specialty Societies to have equal participation in a conjoint committee of the Adult Medical Division of the College. However it is unlikely that each of the Specialty Societies will be able to have their own conjoint committee and it is therefore envisaged that some Specialty Societies might combine on an equal footing with each other and with the College to allow a direct voice to the Adult Division Medical Committee. The most likely scenario is that ASA would have a Committee in association with the Thoracic Society since we have a lot of members in common. At this stage two Specialty Societies will test a pilot programme along these lines to see how it works and to iron out potential shortcomings.

The other major issue of discussion for importance to the Sleep Association is that of the relationship of pharmaceutical companies with individual physicians. I suggested to the meeting that such guidelines had much in common with device manufacturing companies and it would therefore seem appropriate for ASA to nominate a representative to discuss these issues in more detail with the Committee headed by Paul Komesaroff from the Ethics Committee of the Royal Australasian College.

I will keep you informed of progress.

Michael Dodd
Immediate Past President"

ASM 2003

Abstracts from ASM 2003 have now been published in the Internal Medicine Journal, Volume 34, Issue 3, March 2004.

ASM 2004 – Sleepless in Sydney, the science, the snoring and the solutions 15-17 October 2004

Plans for the Conference are progressing well. You should all by now have received the Preliminary Announcement & Call for Papers for the Conference and trust that you utilized your second copy well, either giving it to a colleague, or by putting on a notice board where others could see it.

Last year we received an unprecedented number of abstracts and in 2004 we hope to receive even more ensuring an interesting and exciting programme of oral and poster presentations.

The programme will include plenary sessions on Epidemiology of OSA/OSAHS (especially gender effects) and Cardiovascular Complications in OSA/OSAHS, an Ask the Experts session, where difficult case presentations will be reviewed by a panel of experts, an ASTA Symposium on "what exactly is a hypopnoea?" and a Year in Review session including PLMD/RLS, Melatonin, Shift Work and Sleep in the Elderly. This is in addition to excellent symposia planned by the Paediatrics, Oro-facial and Insomnia SIGs

A New Investigator Session will give six of ASA & ASTAs top new investigators an opportunity to battle it out for the title of "New Investigator 2004". There will also be ample opportunities for other oral and poster presentation of new research.

The two Postgraduate Courses, Circadian Rhythm and Non Invasive Ventilation, to be held on Thursday 14 October, are also progressing well, and more details will be available in the Registration Brochure which should be with you shortly.

Don't forget that Sydney offers fantastic opportunities for "extra-curricular" entertainment - whether your tastes run to beautiful beaches and parks, spectacular food and wine, great shows and super shopping. I hope to see you all in Sydney.

Tracey Robinson
Local Convenor

STRATEGIC REVIEW

Those of you for whom we have a current e-mail address will be aware that the Macquarie Graduate School of Management, Business Function Review of ASA is now available for review and comment.

You will recall this initiative arose from a realisation that our current organisational structure is no longer serving our needs in the context of an ever-increasing volume and complexity of the workload, and this has provided an opportunity to review the organisation from a strategic and operational perspective.

The MGSM report has been placed on the ASA Web Site for your perusal and comment. Please make an effort to read it, even in part, and send us your comments (negative or positive). This is a critical part of the process, as it will determine which of the recommendations in the report (if any) the Executive might decide to pursue. It is our intention to combine the membership comments (hopefully many) with the contents of the report in a further executive planning process, before presenting our final recommendations to the membership for approval.

In order to adhere to our timeline, I ask that all comments be received by Friday 2 July. These can be sent to sleepaus@ozemail.com.au or faxed to 0500 500 702.

I would like to take this opportunity to thank all those people who have contributed to the review process thus far by participating in interviews and surveys, and hope to engage more of the membership in this important initiative.

To access the Report go to the ASA Web Site <http://www.sleepaus.on.net/>
The User Name is: Sleep
The password is: MGSM Report

Please note that the user name and password are case sensitive and should be typed exactly as above.

Peter Cistulli
President

HAVE YOUR SAY

An opportunity to praise, criticize, or generally record your views

Articles are sought for this new segment of our Newsletter – please submit any articles in the first place to Stephanie Blower, Executive Secretary, ASA, GPO Box 295, Sydney 2001, e-mail sleepaus@ozemail.com.au

The ASA is not responsible for the accuracy of any articles included in this segment. Any correspondence should be directed directly to the author.

SLEEP AND THE GOLDEN CALF

The mores of the Australian Sleep Association and the TSANZ have changed markedly since I gained my FRACP in 1982. The pursuit of money is increasingly dominating our medical culture. The Israelites are worshipping the Golden Calf while traditional values are trodden underfoot. Commercial interests, especially with sleep and respiratory empires, are factionalising and ruining both societies. The camaraderie I once enjoyed as a registrar is dying. Some registrars are now a law unto themselves. I feel lost at meetings now and I do not like what I see. In contrast, I often accompany my psychiatrist wife to her meetings which have fun, mutual support, respect, a nurturing environment and good role models. I have of recent years gravitated to three French medical associations out of this need, as the camaraderie is still palpable, the science excellent, and the culture *formidable*.

I see in our midst a plethora of undesirable traits; greed, aggression, arrogance, and a neurotic level competitiveness; all underpinned by personal insecurity and emptiness. Sleep cartels daily conquer new outposts with their money-generating sleep laboratories. There is an acrimonious “sleep war” going on out there with these petty empires nervously guarded by sleep warlords after the “quick buck”, all bank-rolled by Medicare.

Every registrar about to emerge from traineeship becomes a potential recruit for the burgeoning sleep and respiratory cartels. These clubs are of many hues. There are the full-time specialists, who in my day, were confined to hospitals, but who now work legally and illegally, outside their protected environments. There are private practitioners with their entourage of lawyers, accountants, bankers, scientists, sleep serfs, and practice managers who have converted patient care into ledgers and balance sheets. There are the arrogant sleep cognoscenti who have gained their sleep “ticket” and who regard those older physicians who have not been “sleep trained”, as inferior life-forms. I sense discontent with our sleep under-class of scientists, technicians, house-wives and medical students with various levels of training who mint money for the sleep barons who slumber while the coffers fill. Finally, there are older thoracic physicians who still bear deep grudges about the injustices of the ASA sleep inquisition a few years ago.

It is a great privilege to be a physician. I have enjoyed the intellectual stimulation and comradeship of colleagues, the rigor of scientific method, the great leveller of teaching, the wisdom of a few rare physicians and the pleasure of helping patients. My greatest pleasure in belonging to a medical society is not in science, but in the human elements of friendship and esprit de corps. I believe we are in danger of losing something intangible and precious for good. We need to melt down the Golden Calf.

Dr Roger K. A. Allen, Consultant Thoracic and Sleep Physician

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www.sarcoidosis.com.au

SLEEP & HYPNOSIS JOURNAL

Sleep & Hypnosis (ISSN 1302-1192) is now in its 6th publication year.

It is possible to follow the innovations and developments related to Sleep & Hypnosis through the web site

www.sleepandhypnosis.org

Free registration to Sleep & Hypnosis is available on the web site. Registered users have access to the articles 12 months after publication and receive a table of contents by e-mail for each issue. Or you can subscribe to the journal.

DATES FOR THE DIARY

14-16 October 2004, International Conference on Cancer & Rhythm
for further information e-mail doris.scherling@auva.sozvers.at

5-9 October 2004, 17th Congress of the European Sleep Research Society in Prague, Czech Republic
www.conference.cz/ESRS2004

15-17 October 2004, ASA & ASTA 17th Annual Scientific Meeting, Star City, Sydney
www.sleepaus.on.net

13-16 November 2004, Sleep Medicine Lecture Series, presented by the Woolcock Institute of Medical Research
www.woolcock.org.au

17 November 2004, 2nd Annual Sleep Loss Symposium, presented by the Woolcock Institute of Medical Research
Working and Sleeping around the Clock: Optimising Safety, Performance & Health
www.woolcock.org.au

18-23 March 2005, TSANZ ASM, Perth, WA
www.thoracic.org.au

22-26 September 2005, WFSRS Special Interim Meeting, New Delhi, India
"Neurophysiology of Sleep & Wakefulness"
www.wfsrs.org/meetings

1-8 September 2007 WFSRS Congress, Cairns, Australia

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