

Newsletter September 2009

INSIDE THIS ISSUE:

President's Report	1 & 2
Conference Committee News	3
ASM Registrations	
Clinical Committee News	4
Web Person Wanted	5
NHMRC News	
NHMRC News Contin..	6
Paediatric SIG	7
Chronobiology SIG	
Insomnia & Sleep Health SIG.	8
PG Course at ASM	
Orofacial SIG	9
PG Course at ASM	
ASTN Open Forum	10
Upcoming Events	

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



Dear Members,

Its newsletter time again and I do have a number of matters to update you on.

ASA is now a Company Limited by Guarantee

The (lengthy) reconstitution process is now complete, with the ASA now registered as a company limited by guarantee, the structure required of an organisation with national coverage such as ours. We have now had our first two Board meetings in this new guise. There are some differences in our reporting arrangements and how we are organised, although the day-to-day running of the organisation is largely unaffected. One implication, however, is that apart from President/President-elect/Past President members are now elected to the Board as Board members, rather than to specific functions (treasurer, secretary etc). The Board then determines their roles – including assigning reporting roles for its six standing committees – Research, Conference, Education, Membership, Finance, and Clinical. It is important to note that while the Board appoints these committees and their chairperson, the chairperson does not need to be a director hence special expertise or succession planning within a committee does not have to be overridden by such a requirement. However, in the ordinary course of events it is likely that those that chair these committees will be or become Board members. Five of these six committees directly follow on from the Association's previous structure. The Finance committee is new and will comprise the President, Deputy President (President-Elect or Past President) and two other Board members plus the executive officer. Aeneas Yeo, as the erstwhile treasurer, is the inaugural chair of this committee.

Sleep Health Foundation

On the subject of incorporation, we are now in the final phases of establishing the "Sleep Health Foundation" as an entity: it has been registered and an ABN applied for preparatory to seeking deductible gift recipient (DGR) status for the Taxation Department. As I pointed out in the last newsletter, it will sit alongside the ASA but as an independent community-focussed organisation with a role to play in public advocacy, public education and fund raising for research. Unlike the ASA it will be able to pursue funding opportunities for research, hopefully armed with DGR status. Among other things we hope that it will become the source of a greatly increased array of grants for sleep-based research.

Grants and Awards

On the subject of research grants, we are delighted at the interest shown in the Rob Pierce grant in aid with 12 applications for the inaugural grant. The research committee is busy assessing these at present. The Board has also decided to increase the Helen Bearpark award from \$6000 to \$7500, effective now, so that this year's award will be for this increased amount. We look forward to making these awards along with our Distinguished Achievement Award, President's Award and New Investigator Award at our Annual Scientific Meeting.

Sleep Medicine Curricula

Development of formal curricula for the training of adult and paediatric sleep physicians has been a major focus of the Association's activities for several years. This work is fundamental to the development of Sleep Medicine as a strong independent medical speciality. It has required substantial work from a number of people, recently acknowledged in an email I sent you all, led by John Wheatley (Adult) and Gillian Nixon (Paediatric). The adult and paediatric groups have worked closely to harmonise the documents, with useful information exchanged which acted to further improve each. A just-completed four week membership consultation period resulted in further valuable feedback that has been incorporated in the documents. These have now been forwarded to the Royal Australasian College of Physicians for their input and ratification prior to implementation by our joint Respiratory and Sleep Specialty Training Committee.

Sleep Psychology

The Behavioural Management of Sleep Disorders subcommittee (of the Education committee) continues to make steady progress in increasing the presence and profile of sleep in undergraduate and postgraduate psychology education. It is working closely with the Australian Psychological Society in this. This work is an essential first step in developing sleep psychology as a psychology specialty in its own right.

Accreditation

The major issue before our clinical committee at present is accreditation of clinical sleep laboratories. We have taken over this responsibility from the Thoracic Society of Australia and New Zealand, with a formal handover having occurred mid year. There are a lot of issues to be sorted out, and a big backlog of new and re-accreditations waiting to be performed. We intend to reinvigorate this area both through streamlining the process and changing how it is financed, including introducing a stipend to support the accreditation teams. While a voluntary, self-improvement process for many, it is required of training centres and we do see it as important in demonstrating to the community and government that we are taking active steps to ensure standards. We live in an era of increasing regulation and I am sure that the pressures to have audit processes such as this in place will only continue to increase.

New Zealand

Again we were reminded of the particular demographic challenges facing sleep medicine in New Zealand with the recent publication regarding prevalence of OSA in New Zealand adults in *Sleep* from Kara Mihaere and colleagues. It is clear that the whole issue of sleep health and the facilities in which to practice sleep medicine need attention in New Zealand and the ASA is actively seeking ways to help foster dialogue between our senior New Zealand members and government to address these matters. As you know, our 2010 ASM will be held in Christchurch which we hope will help focus attention on sleep science and sleep health. The Board has also agreed to provide some financial backing to promote dialogue with government.

Item numbers

The formal assessment of home-based sleep studies by the Department of Health and Ageing continues, with an investigation of the effectiveness and cost-effectiveness of this method currently underway. We expect to receive a draft report for comment early next year.

An issue that has recently been raised within the orofacial SIG has been that of dental referral for sleep studies. Our understanding, supported by common practice, is that it is appropriate for dentists to refer directly to sleep physicians for investigation of suspected obstructive sleep apnoea. This should usually result in a medical consultation in the first instance rather than a sleep study, which might be a subsequent activity. The sleep study item numbers do require medical practitioner referral for the sleep study and that the sleep physician determines the necessity for the study (usually by consultation – see item number descriptor explanatory notes). There is a strong logic underpinning these requirements: given the co-morbidities associated with sleep apnoea it is important that formal medical consideration is given to them in the referral pathway, hence the desirability of medical involvement. There is some flexibility in the sleep study item descriptors, making it possible, for example, to accept direct medical referral for a sleep study provided the sleep physician has established the necessity for the test, although consultation is the favoured way of doing this.

Finances

I am pleased to report that despite substantial additional activity, the Association made a healthy profit this year. As usual this profit was linked to a profitable ASM and we do aim for the day when the Association's finances are not dependent on this. It is important to note that it is not our primary aim to be any more profitable than to cover our expenses and have the capacity to continue to expand our range of activities and value to the membership. The conservative investment strategies followed by the ASA have protected us from any financial losses as a result of the world financial downturn.

2009 Annual Scientific Meeting

The Melbourne ASM is almost upon us. This promises to be an exciting event with the usual excellent scientific programme, first class speakers, and a social programme to match. All with Melbourne's famed conviviality! This is not to be missed and I look forward to seeing you there. Remember also that the ASA joins the Asian Sleep Research Society in Osaka later that month (October 24-27) for their 6th Congress. I hope some of you will be there too.

David Hillman

Email: hillo@it.net.au

We're on the web!
www.sleep.org.au

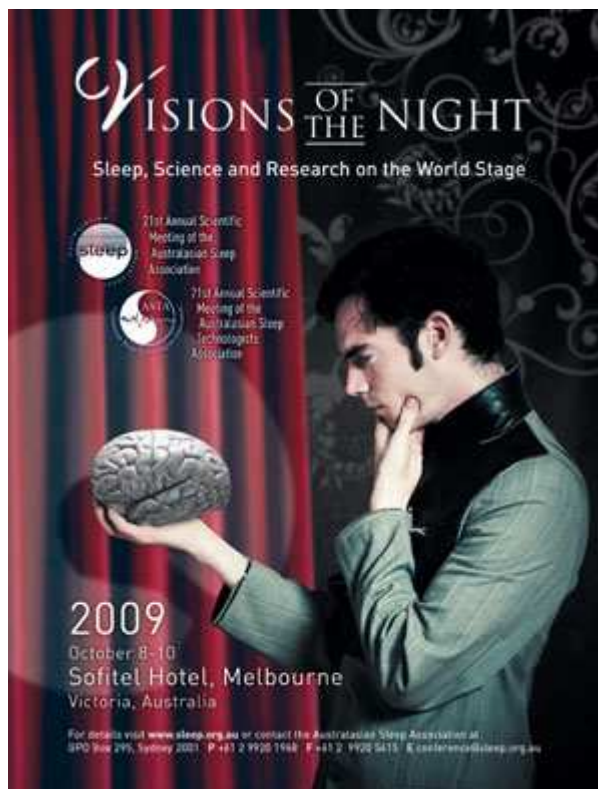
CONFERENCE COMMITTEE NEWS

With a lot of hard work from a dedicated committee and Secretariat, the organisation of the 2009 Annual Scientific Meeting of the Australasian Sleep Association is almost complete. I would like to thank the members of the conference committee and those who reviewed the abstracts for all their time and effort, which will ensure the success of this meeting. We are delighted to have 4 international invited speakers who will add to the very high standard of science in the submitted abstracts. A total of 152 abstracts were submitted, 1 oral sleep medicine, 7 neurology, 7 physiology/respiratory failure, 14 chronobiology, 13 insomnia and sleep health, 37 paediatric, 69 sleep and breathing and 4 others. The program is very full and there will be something to keep everybody interested and challenged. Prior to the main meeting, the Education Committee has co-ordinated 3 post-graduate courses – a 3-day Oral Sleep Medicine certification course, a 1-day Clinical Epidemiology and Biostatistics for sleep research course generously sponsored by the Australasian Sleep Trials Network and a 1-day course Practical Approach to Common Sleep Problems Across the Life Span.

Planning is well underway for the 2010 conference in Christchurch NZ. It will be held October 21-23 at the expansive Christchurch Convention Centre, with the theme "Biodiversity of Sleep". This will encompass the different ways in which we experience sleep and sleep disorders due to different ethnicities, cultures, genders, age and other physiological, psychological and contributing factors. It has been decided to continue the successful process of calling for suggestions of plenaries and symposia from the membership, so please start thinking about and planning for this now. Forms will be available at the ASA09 meeting and will also be downloadable from the website. They must be submitted by the end of November 2009.

Future meeting dates to keep free: 2011 Sydney October 27-29, 2012 Darwin October 10-13.

Registrations are still open for ASM 2009



CLINICAL COMMITTEE NEWS

It has been a busy few months for the Committee.
We have welcomed two new members, Jeremy Goldin and Stuart Miller.

The main task in front of the Committee has been to takeover the important task of sleep laboratory accreditation from the TSANZ. This occurred on July 1 2009. There is much to be done. An accreditation subcommittee has been set up to run the process, including John Wheatley, Andrew Thornton, Brendon Yee, Andrew Thornton, Peter Rochford, Brett Duce, Craig Hukins Jeremy Mercer, Andrew Wilson and myself as Chair. Over time it is planned that the Chair of the accreditation subcommittee will not be the same as the Clinical Committee Chairman, but will be a member of the Clinical Committee reporting to that committee.

The initial focus will be

- To get participation and buy in from our members
- To create a more dynamic process actively run by the ASA
- To review/renew the accreditation document
- To focus on new laboratory accreditation for next 12 months. Many are waiting

To achieve this

- The laboratory accreditation fees will increase to \$5000 in total to meet the considerable costs with running this process (travel and secretariat)
- To recognize the crucial work that the Chair of the Accrediting panel does, a ASA Conference Registration will be provided to them or a delegate of their choice
- All reaccreditations of labs will be put on hold for 12 months

These changes have been endorsed by the board but there will be an opportunity to discuss them at the ASA AGM.

Thanks to all who have volunteered to be part of an accrediting panel. I encourage all who might be interested to contact me. The overarching intent here is to run this process effectively and to take pride in the accreditation process

In terms of other active issues, David Hillman will update re Buteyko. Other issues being managed by our Committee currently include:

- Clinical Indicators
- Submissions to the National Women's Health Taskforce document and National Preventive Health taskforce
- Review of the document "Domiciliary Non-Invasive Ventilation in Adult Patients"
- Contribution to Austroads review of Driving Guidelines. Mark Howard represented the ASA over this issue.
- Correspondence with and clarification from Medibank Private regarding non recognition of attended PSG's classified as outpatient procedures
- Buteyko

Nick Antic
Chairman Clinical Committee

You can go online to update your address and personal details by using your Id and password. Keep up to date with information by logging onto the ASA website at www.sleep.org.au.

WEB PERSON WANTED

PERSON WITH A PASSION FOR BEING UP TO DATE ON ALL THINGS RELATING TO SLEEP HEALTH & SLEEP SCIENCE

ASA is seeking someone to help keep the information on the ASA website up to date, with the latest articles, information and debate in the field of Sleep Science & Sleep Medicine.

There is no technical requirements for uploading of this information, just a need for someone to commit to keeping the information up to date.

A small payment will be made for this task, which might suit a keen research student.

If you are interested please contact Stephanie Blower, Executive Officer, ASA in the first instance e-mail: Stephanie@sleep.org.au

TNHMRC NEWS

The NHMRC is the most important peer- reviewed funding source for respiratory and sleep researchers in Australia. Although the quantum of NHMRC funding has been increasing over the last decade, there are many excellent grant and fellowship applications which remain unfunded each year. It is therefore imperative that the process of selection for funding is based on unbiased and expert review of the applications. A number of changes in the process have been introduced over the last few years and when a call went out for an expression of interest to becoming an NHMRC 'Academy' member at the end of last year I put my hand up without really knowing what this entailed. The reason for volunteering my services was to assist the process of review, to try to understand the system as it is at present and to try to ascertain how it is likely to evolve in the future. I was appointed to the Academy in Feb 2009, as the sole representative for respiratory medicine and sleep, together with 25 other academy members across all disciplines.

With appointment to the Academy the role of the members was clarified. The duties of the Academy include selection of the GRP members, assignment of grants to the GRPs, assignment of reviewers for the grants and, for a subgroup of 15 Academy members, assignment of referees for fellowship applications. The latter is not discipline based and for me included assignment of referees for each of 16 fellowship applications across a variety of disciplines. The fellowship nominations take into account referees nominated by the applicants, requests for non-nomination by the applicants and, in the case of research fellowships, nominations by the HOD.

Since the Academy has now mostly completed its job, I would like to share my experience with you in the hope that this assists grant review in future years.

The GRPs

In 2009 there were 2 GRPs in respiratory and sleep medicine, as was the case in 2008. Approximately half of the GRP members were preselected by the NHMRC with the remainder to be nominated by the Academy. The Academy is also given a list of people not to be nominated because they have served on the GRPs for more than 3 continuous years already or because they have indicated non-availability.

At the time the Academy nominated additional panel members, they had no knowledge of the submitted grants so they had to anticipate the range of expertise which may be required and to divide the members between the panels in anticipation of possible conflicts of interest. The final acceptances for GRP membership and therefore composition of the GRPs was only made known to the Academy on the day, when the Academy met in Canberra to assign the grants to the GRPs. At that time it was still possible to move members of the GRPs from panel to panel and to nominate additional panel members necessary to provide expertise for evaluation of some grants.

Contin Page 6..

Contin from Page 5

The Grants

It is the job of the Academy to nominate up to 10 reviewers per grant, if possible. There were approximately 100 grants submitted for sleep and respiratory medicine in 2009 and in most cases I was struggling to nominate 5 or 6 reviewers per grant. The selection of reviewers was made with the help of an NHMRC database of reviewers and with some personal knowledge of possible conflicts of interest arising from known research networks or collaborations. This process continued for some weeks as nominated reviewers declared additional conflicts of interest or declared their unavailability. It was also the job of the Academy to assign the grants to the SP1 and SP2, again taking note of conflicts of interest.

Understanding the process of grant assignment and assessment a little better has led me to think about a number of recommendations which may be worthy of consideration.

Recommendations for Applicants

It is not in the interest of the applicants to disqualify expert reviewers from assessing their grants. Therefore do not include every expert in the country on your grant as an associate investigator. There were a number of grants with 2 to 4 chief investigators and 7 or 8 associate investigators. This makes selection of expert reviewers very difficult, given the often limited pool of experts in a particular field. Think about the keywords and significance on page 1 and the synopsis in terms of how they may assist in identifying reviewers. There is insufficient time to fully read 100 grants to do this. It is my strong view that every previous NHMRC grantee should make themselves available for reviewing duties, if at all possible. It was disappointing to see the number of declined invitations to review.

Recommendations for Reviewers and GRP Members

Please check with the NHMRC guidelines for conflicts of interest. These are now quite reasonable and having co-authored a paper with the applicant back in the mists of time is not a valid conflict precluding reviewing the grant. When in doubt, declare the conflict and let the NHMRC decide. Enter your areas of expertise in the NHMRC database of reviewers. These database details are missing for many reviewers and this does not help the assigner to find expert reviewers. If invited to serve on a GRP, please accept if at all possible. The GRPs allocate the scores and rank the applications – you are invited because your expertise is needed and valued. However, GRP members should be aware that the workload is high. This year most GRP members were SP1 for 4-8 grants and SP2 for a similar number. In addition, the GRP members are also expected to perform some reviews of grants not assigned to their panel. Although this may seem a little 'rough', on closer analysis the reason is clear. Removal of about 20 experienced reviewers from the available pool has a large impact on reviewer selection.

Recommendations for the NHMRC

One Academy member for Sleep and Respiratory Medicine is insufficient. I found the workload daunting and I know the job of finding reviewers would have been much easier and more effective with 2 or 3 people sharing this task. The Academy needs to know who has accepted serving on the GRPs before the assigner's day and preferably before nominating reviewers for the grants. This would allow more time to seek additional membership for the GRPs to ensure that there is appropriate expertise on the panels, as well as avoiding GRP members being assigned to review grants on their own panel. I will be making these recommendations to the NHMRC.

Summary

With insufficient resources to fund every good application there are inevitably disappointments every year. Writing and reviewing grants is time-consuming and sometimes painful, but that's what we do as researchers. The best we can hope for is that we receive expert review of our efforts and we should contribute to the process for others, if only for selfish reasons. I have certainly learned something from every grant I reviewed this year.

Norbert Berend

SPECIAL INTEREST GROUPS

Paediatric SIG News

Once again there has been a fantastic effort from Paed SIG members in submitting many high quality abstracts for the upcoming conference.

Paediatric research will be highlighted in many different fora at the meeting and I would encourage everyone to take advantage of the opportunity to be updated and stimulated.

Due to the imminent arrival of a baby, I have stood down as the chair of the SIG. This will formally occur at the SIG business meeting at the conference, but Arthur Teng has kindly agreed to cover me until then. As the SIG is so large and active now, I think it is appropriate that we have a vote for the new chair and co-chair at the business meeting, rather than pass the baton more informally as has occurred in the past. Please send your nominations to Stephanie at the ASA office as soon as possible, and come to the business meeting at the conference to have your vote.

The ASA is very keen to improve its website, and is looking for a web guru prepared to donate some time to help. Please let Stephanie know if this is you! In the meantime, drafts of two information sheets (paediatric OSA and night wakings) are before the Education Committee for consideration of publication on the website, and will soon be circulated for comment.

Gillian Nixon

Chronobiology SIG News

The 6th Annual Scientific Meeting of the Australasian Chronobiology Society was held in Melbourne on the 5th-6th of September 2009. The Society was founded in 2004 providing a forum for all areas of chronobiology research, from basic science in animals and humans through to clinical human studies. A/Prof David Kennaway (University of Adelaide) has been a driving force behind the society. He is an NHMRC Senior Research Fellow with research interests including the physiological impact of circadian rhythm disruption on glucose homeostasis, initiation and progression of cancer, and fertility. The keynote speaker at this year's meeting was Professor Iain Clarke. Professor Clarke is chairman of the Department of Physiology at Monash University with wide ranging interests in neuroendocrinology, focusing on central regulation of food intake and energy expenditure. His work has identified biological links to circannual rhythms, the cycles in physiology and behavior that allow anticipation of the seasons in many species. In a sheep model, circannual regulation of prolactin secretion, and its associated biology, was derived from an interaction between melatonin-regulated timer cells and adjacent prolactin-secreting cells, in the pituitary. His work in animal models has also demonstrated that altering the duration of daily light exposure affects voluntary food intake. Changes in hypothalamic gene expression of neuropeptide Y and proopiomelanocortin were related to food intake. Professor Clarke did speak on this topic "Photoperiodic control of appetite and energy expenditure" at the Australasian Chronobiology Society in September. Further information about the meeting is available at australasianchronobiology.org.

Sally Ferguson & Mark Howard

We're on the web!
www.sleep.org.au

Insomnia and Sleep Health SIG News

The National Insomnia Strategy Meeting and the Strengthening Insomnia Research Workshop were held in Sydney, at the Woolcock Institute on July 30th and 31st 2009 respectively. Both days were hosted and organized by the ASTN and although sleep trials were the focus, it addressed the broader issues of the need to have a better understanding of insomnia and how to better educate the general public and health practitioners. It was attended by people representing various stakeholders- GP's, sleep physicians, psychologists, pharmacists, and public health researchers. It will probably be summarised elsewhere in this newsletter, so only a brief comment here.

A surprising and disturbing statistic revealed was that 2/1000 patients in Australia with difficulty sleeping are referred to a sleep clinic. Furthermore, the treatment from GPs is mostly a prescription for benzodiazepines. This highlighted an urgent need for us working in the insomnia field, both psychologists and physicians to train others and to promote ourselves more. Cognitive behavioural techniques for treating insomnia are very much under-utilised and they are known to be the gold standard for insomnia. The important role of the pharmacist at the coal face (in being a referral source for sleep clinics) was also highlighted. Internet-based health programs, specifically designed to treat insomnia using CBT, were also outlined and this created a great deal of interest. Dan Buysse was the consultant/guest speaker throughout both days and he was an excellent source of knowledge and insight and gave good advice for future directions.

See you at the Melbourne ASA meeting Oct 8th-10th. The Insomnia SIG meeting is to be held Thursday 8th October 12.30pm-1.30pm. Please come along. Please forward any suggested agenda items.

An important article to read for everyone interested in insomnia if you haven't already done so: **'Cognitive Behavioral Therapy, Singly and Combined With Medication, for Persistent Insomnia: A Randomized Controlled Trial'** Charles M. Morin; Annie Vallières; Bernard Guay; et al. *JAMA*. 2009;301(19):2005-2015

Summary of article: In patients with persistent insomnia, the addition of medication to CBT produced added benefits during acute therapy, but long-term outcome was optimized when medication was discontinued during maintenance CBT. CBT used singly or in combination with zolpidem produced significant improvements in sleep latency, time awake after sleep onset, and sleep efficiency during initial therapy; a larger increase of sleep time was obtained with the combined approach. Both CBT alone and CBT plus zolpidem produced similar rates of treatment responders and treatment remissions. The best long-term outcome was obtained with patients treated with combined therapy initially, followed by CBT alone, as evidenced by higher remission rates at the 6-month follow-up compared with patients who continued to take zolpidem during extended therapy.

Moira Junge
Chairperson Insomnia and Sleep Health SIG
moira@msdc.com.au

Post Graduate Course PRACTICAL APPROACH TO COMMON SLEEP PROBLEMS ACROSS THE LIFE SPAN

Wednesday 7 October 2009
Sofitel Melbourne on Collins

For more information please go to:

<http://www.sleep.org.au/pacsp09.pdf>

Orofacial SIG News

The Oral Sleep Medicine 3 Day Certification Course is scheduled for October 5th-7th 2009. It promises to be a comprehensive program and a special thank you to Stephanie Blower, Rob Shea, Maree Barnes and all those speakers who have kindly offered their time to present. The final round of advertising is now underway and by all accounts registrations are approaching healthy numbers. Please log onto the ASA website to download the complete program list and registration forms at:

<http://www.sleep.org.au/dentalcoursebrochure09.pdf>

The first day of the ASA/ASTA Annual Scientific Meeting on the 8th October 2009 will also host our annual Orofacial SIG Symposium. This year's symposium is titled "Upper Airway Approaches to the Management of OSA".

Preceding our Symposium is the Orofacial SIG business meeting between 12.30-1.30pm. The following list has been proposed as possible agenda items that we will attempt to cover, time permitting.

- 1/ Pathways of the dental management of OSA and snoring with an oral appliance.
- 2/ Current Medicare/legislative requirements for the correct referral process of dental patients to sleep physicians, sleep labs and referrals from non-sleep physicians for oral appliance therapy.
- 3/ Sleep medicine training for dentists and an overall assessment of the OSM Melbourne course. Nominations for organizers of next years course and symposium, will be asked for.
- 4/ Direct sales and supply of boil and bite devices to the public. Especially in the light of recent research that questions the role of simple boil and bite devices.
- 5/ What direction is research within our own SIG taking?
- 6/ Content for our ASA web site including the Orofacial SIG member's pages and public pages.

I hope all members can attend our SIG meeting to discuss the concerns that our members have raised over the last few months.

Recent articles of interest will be updated on our members' pages in the coming weeks.

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

Hope to see you all in Melbourne.

Regards,
Andrew Gikas

Post Graduate Course Clinical Epidemiology and Biostatistics for Sleep

Wednesday 7 October 2009
Sofitel Melbourne on Collins

For further Information please go to:

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

OPEN FORUM

Melbourne 7th October 2009 3pm – 5pm

Arthur Streeton Auditorium, Sofitel Melbourne on Collins

The Australasian Sleep Trials Network (ASTN), holds twice-yearly Open Forum meetings where researchers get first-hand information on designing and conducting investigator-initiated clinical trials, hear about ongoing and proposed trials and can discuss joining or provide input into new studies.

The October Open Forum meeting is being held in conjunction with the Annual scientific Meeting of the ASA/ASTA and is scheduled after the postgraduate courses on Wednesday 7th October. The agenda for the meeting includes the following items:

Strengthening Insomnia Research
Psychological Interventions to Improve CPAP Adherence
Changing the structure of the Australasian Sleep Trials Network

All interested researchers are welcome and registration is free.

If you would like to attend, please email Anthony Williams at: info@sleeptrials.net or call 0411 895 226

UPCOMING EVENTS

11th International Symposium on Sleep and Breathing

September 10-12, 2009.

Station Square Conference Center, Pittsburgh, Pennsylvania, U.S.A.

Sleep and breathing researchers from around world

<http://www.sleepandbreathing09.pitt.edu>

ASA & ASTA 21st ASM

Sofitel Melbourne on Collins

8-10 October 2009

Further Information: www.sleep.org.au

ASA Oral Sleep Medicine Course

Sofitel Melbourne on Collins

5-7 October 2009

Further Information: www.sleep.org.au

Practical Approach to Common Sleep Problems Across the Lifespan

Sofitel Melbourne on Collins

7th October 2009

Further Information : www.sleep.org.au

Clinical Epidemiology and Biostatistics for Sleep

Sofitel Melbourne on Collins

7th October 2009

Further Information: www.sleep.org.au

ASTN Open Forum

Sofitel Melbourne On Collins

7th October 2009

Further Information: info@sleeptrials.net

Ahead of a new era in sleep and chronobiology research from Asia

6th Congress of Asian Sleep Research Society

34th AM of Japanese Society of Sleep Research

16th AM of Japanese Society for chronobiology

24 – 27 October 2009

Osaka, Japan

Further Information: www.asrs2009.org